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ABSTRACT

Reporting the second in a series of regional fact-finding committee hearings held across the United States, this document includes testimony from social service organizations and state offices in Minnesota, Illinois, Indiana, Wisconsin, and Iowa. Testimony from clients and representatives of these agencies documents efforts to ameliorate problems in the areas of child abuse, sexual assault, hunger, health, foster care and adoption for minority children, education for the handicapped, drug and alcohol abuse, troubled adolescents, teenage sexual activity and pregnancy, women and poverty, unpaid child support, and the development of Native American youth. Both live testimony and prepared statements provide information and statistics on the scope of these problems in these states, the Midwest, and the nation. Comments and questions from committee members explore solutions to problems. Prepared statements and letters from organizations not represented at the hearing include tables of statistics on funding of United Way affiliated services in Minnesota, the 1982 Child Abuse Report for Minnesota, and two chapters from a report on the effects of the 1981-82 budget reductions on Minnesota's human services populations. (CB)

CHILDREN, YOUTH, AND FAMILIES IN THE MIDWEST

HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

HEARING HELD IN ST. PAUL, MINN., ON
SEPTEMBER 26, 1983

Printed for the use of the
Select Committee on Children, Youth, and Families

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CHILDREN, YOUTH, AND FAMILIES IN THE MIDWEST

MONDAY, SEPTEMBER 26, 1983

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN,
YOUTH, AND FAMILIES,
Washington, D.C.

The committee met, pursuant to notice, at 9:15 a.m., St. Paul Central High School, 274 North Lexington Parkway, St. Paul, Minn., Hon. George Miller (chairman of the committee) presiding.

Members present: Representatives Miller, Sikorski, and Marriott.

Also present: Representative Bruce Vento, from St. Paul, Minnesota.

Staff present: Alan J. Stone, staff director and counsel; Ann Rosewater, deputy staff director; George Elser, minority counsel, and Jill Kagan, staff member.

Chairman MILLER. The hearing of the Select Committee on Children, Youth, and Families will come to order.

Today's hearing will continue our factfinding efforts across the United States, as we listen to the concerns of individuals in various regions of this country, and get their assessment of the current status of the children and youth and families in their areas. I want to begin by thanking St. Paul Central High School for hosting us.

We have already learned quite a bit this morning visiting the health clinic program for the students as well as the day care program. I think each member of the committee was impressed with what they saw.

This is the second in a series of regional hearings. The first hearing was held in New York. Soon we will visit Miami, then Salt Lake City, Utah, and Santa Ana., Calif. We want to gather the best data we can for Congress to study. We look forward to the testimony that will be given here this morning and this afternoon.

I am Congressman Miller, by the way, from California, the chairman of the committee, and I would like to introduce Congressman Dan Marriott from Utah, who is the ranking minority member on the committee.

Mr. MARRIOTT. Thank you, Mr. Chairman. We are delighted to be here at St. Paul. We have enjoyed the hospitality of the principal of the school and the faculty and students. We are finding out interesting things here that ought to be incorporated around the country. I understand now why the Congressmen from Minnesota look so well in Washington. They come from this part of the coun-

try. This is the first time I have been here in your city and it is very delightful.

Again, just to reiterate what we are doing, our charge this year is to gather information, facts, and suggestions you would like to give us. We are all open to take those with us and to try to develop a data base to operate on for this year. Your job is to assist us in developing the data base by making suggestions on how we might solve problems. I thank the chairman for holding these hearings and thank you and look forward to this hearing.

Chairman MILLER. Next, I would like to introduce Congressman Gerry Sikorski, who represents this area. He is a very forthright and outstanding member of the select committee. He worked very hard to get on this committee because of his background and concern for the issues.

Mr. SIKORSKI. Thank you, Mr. Chairman.

On behalf of my Minnesota colleagues, welcome to Minnesota. Rumors were flying throughout Washington last week before we came here that it was snowing in Minnesota. I am sorry to disappoint the gentleman from California and the gentleman from Utah. We Minnesotans are proud of our weather, perhaps I should say we are proud of our ability to survive our weather. Similarly, we in Minnesota are proud of the job we are doing of focusing resources and developing innovative programs to serve the needs of our children, youth, and families.

Many of our efforts, such as our statewide program on battered women, computers in school, day care, and a health center program, introduced to us this morning here at St. Paul Central, are models for the Nation. We are honored to be able to host this hearing where the representative groups from as far away as Illinois, Michigan, all over the Midwest, are coming to talk about these issues. We are proud to be able to share our positive experiences with you in the Nation and we are also proud to have this opportunity to examine the problems that need solutions.

On the Federal level, especially in the last 2 years, the pressing needs of children and families have been ignored and sacrificed to too great an extent to some so-called other national priorities, but like many people here this morning, I believe we must challenge those priorities.

The most sophisticated weapons of the universe will not protect our Nation if we continue to ignore the needs of our families and children. As the great Minnesotan, Hubert H. Humphrey said in his last speech to Congress, the moral test of Government is how we treat our children.

I have worked with the select committee and organized it and worked very hard on it. I asked that they come to Minnesota because I think we have something to contribute to Americans meeting that moral test that Hubert H. Humphrey talked about.

I thank you, and welcome.

Chairman MILLER. Next, I would like to introduce a man who is no stranger to the topics before us today, Congressman Vento, who was very active in the efforts to establish the select committee, and has certainly made a reputation for himself in Congress with regard to assisting families in need of adequate housing.

Mr. VENTO. Thank you very much. I welcome you to my district. We are delighted to have you in the area.

I believe it is appropriate the hearing is taking place in the setting of Central High School in St. Paul, Minn. As an educator for some years, teaching school and working with educational programs, the legislature, and in Congress as well, I believe that the greater focus should be to reach out and put programs together that will help families and help kids.

Mr. Chairman, I am proud of the leadership you have lent in the Congress, especially in facing up to the responsibilities in carrying on this committee. I think the time is right, you are the right person in the right place.

It is evident that the types of hearings and interest that have been expressed in those hearings we anticipated would exist in terms of the creation of this new select committee. On the educational scheme of things, education just doesn't happen. I think we have to recognize there are responsibilities here on the State and local level, and in working together with our National Government, with the WIC program, Chapter 1 program, and Title XX money, all have been brought together and successfully, at the local level.

You would anticipate to recover some of the retreats from the interests and responsibilities which incurred in the last year. All of those things working together, we build this grassroots type of support. The key element in building our grassroots support is the framework. The framework is a school district, and the school district is dedicated teachers, social workers, administrators who work here, and they are paramount in the success of that, and that is why I am very pleased to introduce to this committee for welcoming remarks the assistant superintendent of instruction. I know all of you would like to hear the superintendent. I am sure he would like to be here this morning, but we are graced by the presence of Dr. Erma McGuire, who has been a leader in the curriculum area.

Erma, we would like to recognize you for remarks at this time.

STATEMENT OF ERMA McGUIRE

Ms. MCGUIRE. Mr. Chairman, Henry Adams wrote, "To reduce friendship is to reduce friction," and in politics the loss of friction is intolerable. At no time in the last decade have the children, and families, and young people of this State and this Nation been more in need of friends in high places. I know enough about Chairman Miller, Mr. Sikorsky, Mr. Marriott, and Mr. Vento, to know that our children, families, and young people have friends indeed on this panel.

It is my privilege and honor to welcome you on behalf of the superintendent of the St. Paul Public Schools, Dr. George Young; the board of education; our 31,000 students and 5,000 employees, to the St. Paul Central High School. During the course of your stay, our house is your house. Thank you so much for honoring us with your presence

Chairman MILLER. I want to say quickly to the students who helped with this hearing that I hope that you will enjoy the experience. This hearing is an effort to try to bring Congress close to

people around the country. I hope what you will see here today will be of help to you in understanding how the committee system works, how Congress receives testimony and evidence on issues of concern to it.

Our first panel will address the concerns of parents and youth. We will hear from a cross section of witnesses beginning with Cheryl Peters, vice president, Menominee Positive Youth Development program, Menominee Indian Reservation, Wis.; Mr. Bill Wilkey, associate director of marketing, Skywalkers Courier Service, Youth Futures, Minneapolis; Ms. Terry Hagenah, and her daughter, Jessica, parent and child, Minneapolis; and Cynthia Myers, director, National Runaway Switchboard, Chicago, Ill.

STATEMENT OF CHERYL PETERS, VICE PRESIDENT, MENOMINEE POSITIVE YOUTH DEVELOPMENT PROGRAM, MENOMINEE INDIAN RESERVATION, WIS.

Ms. PETERS. I would like to thank Congressman George Miller and the other members of the House Select Committee on Children, Youth, and Families for this opportunity to testify. My name is Cheryl Peters, and I am a sophomore at the Menominee Indian High School on the Menominee Reservation in northern Wisconsin. I am also vice president of the Menominee Positive Youth Development Steering Committee, and I have come to tell you about the exciting work that we have done for children, youth, and families on the reservation.

Positive youth development is a program in Wisconsin to help communities prevent the serious problems of youth. It encourages a community to look at its problems and try to understand what is causing those problems in the first place. After community, youth, and adults understand the causes of problems, they begin to work together as volunteers to eliminate those negative things that cause young people to get into different kinds of trouble.

Youth are involved in all of the planning and activities of PYD in a community. They work side by side with adults to make the community a better place for everyone. PYD does not give a community any money to work with, and it does not force a community to follow one certain idea or plan. Each community is different, and each community must develop its own plan.

The Menominee Reservation is 1 of 21 Wisconsin communities that is now a part of PYD. On the reservation, PYD is a powerful, positive force that has touched more than half of our 3,582 population. I want to tell you in some detail about our Menominee PYD program.

PYD came to the Menominee Reservation in November 1981 because people were worried about youth getting in trouble. There was much juvenile crime, with nearly 85 percent of the burglaries on the reservation committed by youth. There is also drinking and drugs. Many youth were running away from home, and the Menominee Indian School District had the most dropouts in the whole State. Many Wisconsin people were afraid to come to the reservation because of the trouble they had heard about with the youth. Because the Menominee Nation cares about its children, they wanted to do something about this trouble. They wanted to do pre-

vention of these troubles before any more youth or people were hurt by them.

PYD begins in a community with a workshop where youth and adults work together to plan what they can do. In Menominee, 17 youths and 23 adults gathered to share their ideas and to try to understand what was causing youth to get into trouble. Together, these people discovered three important causes they wanted to change:

One: There was a lack of employment and private business on the reservation. Youth unemployment was 91 percent and adult unemployment was 61 percent. Only six jobs were available to youth in private business.

Two: There is a lack of community pride and involvement. The tribe was very concerned about bad attitudes between the youth and the elders of the tribe.

Three: There was a lack of recreation and culture. Youth really did not have any place where they could have positive fun and do things with adults.

These causes led to many problems for both youth and adults on the reservation and we wanted to change those causes so our community would be more positive.

What we we have done on the reservation since 1981 is very exciting. I have been a part of Menominee PYD, and I have seen the great changes that have taken place. We have planned carefully and have formed the Menominee Youth Development Corp. on the reservation. With this one big project, we have begun to change all three of those causes we identified in 1981.

The Menominee Youth Development Corp. is a partnership between Menominee PYD, the school district, the church, and the tribal leaders. Together we have taken an abandoned school building that was going to be torn down to make a parking lot and turned it into a community center for recreation, culture, employment, and community pride.

Together we raised the money to fix up this old building and to hire a coordinator.

Together, we manage all the details of our corporation.

Part of the building is set aside for recreation and culture. There is a place where we can watch TV or study quietly. There is a place where we can do weight lifting and boxing. There is a recreation center, a day-care center, and an arcade for youth. People of all ages gather here to learn from one another and to share. Last Halloween, over 1,000 people came to an all day celebration.

In other parts of the building there is space available for small businesses. Anyone can have rent free space in the building for their own small business if they agree to do two things:

(1) They must agree to hire and train youth to work in their business.

(2) They must pay a fair share of the utilities and upkeep. We right now have woodworking, food service, photography, arts and crafts, and printing businesses. This past summer we had 62 people employed at PYD, of which 51 were youth. We call this place the Menominee Youth Development Center and it has become the center of our life.

There are some important points that I would like to make about PYD:

(1) Youth are treated as equals in PYD I am the vice president of the steering committee and I am able to help make all decisions. I am not the only youth who helps to make decisions. Youth involvement is very important, because we have good ideas and because we need the experience in order to become better people. I have learned so many things because of my PYD experiences.

(2) Many times in the past, State and Federal people have approached the tribe by saying, "This is what you are doing wrong and this is how you must change." PYD approached the tribe by saying, "This is what you are doing right. You have many valuable resources among your people and you have many strengths in your culture. We would like to help you to build upon those strengths." When you approach people in this way, you can see a whole different attitude. People begin to feel a sense of pride and belonging. Then they can begin to give to PYD.

(3) PYD is prevention. I am also a member of the Wisconsin Child Welfare Advisory Committee and I know about some of the suffering of children and youth. I have heard about the great amounts of money that are spent to treat problems after they develop, and I have seen in Menominee PYD how much trouble can be prevented with very little money, but just with people working together to help one another. I hope you return to your work in Washington with a better understanding that prevention is important.

If we didn't have PYD on the reservation, I think that youth would be in terrible trouble right now. We have a great amount of drinking on our reservation, starting as young as 10 years old. Our center shows youth that there is something else to do and that you can have fun without alcohol.

Without PYD, there would be no hope of youth getting jobs in the future. Our police records show that PYD has already helped to prevent juvenile arrests, burglaries, and curfew violations—and PYD is still very young.

We have also seen good things happen between youth and elders of the tribe. One of the projects being done out of our photography shop is youth taking pictures of the elders and also taking oral histories about their experiences. We are talking to one another and listening. Our photos will be shown at the State Historical Society and at the State PYD conference so that all of the people of Wisconsin can share the pride of our Nation.

I would like to end by sharing with you the words of the Menominee PYD youth about their center and their work:

We are very proud of the place we call "Maeh-wah-chi-quah," which means "gathering of the young Menominees" in our native language This building is old but very proud because it has served as a place of learning for our people for many years Although much time has passed since our elders first gathered here as youth themselves, we can still feel the excitement they shared becoming friends. Therefore, we have respect for this place because the spirit of our elders fills the halls.

We, too, are excited to have such a fine place to now come and make new friends and work with our hands to make useful products Here we are able to learn valuable skills that we can take with us wherever we choose to take our talents The products we make come from the trees that stand tall and from the minerals that grace the earth Therefore, we work hard to make sure that the transition is an honorable process We are hopeful that the people who purchase and use our prod-

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[Prepared statement of Cheryl Peters follows:]

PREPARED STATEMENT OF CHERYL PETERS, MENOMINEE INDIAN POSITIVE YOUTH DEVELOPMENT

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"We too are excited to have such a fine place to now come and make new friends and work with our hands to make useful products. Here we are able to learn valuable skills that we can take with us wherever we choose to take our talents. The products we make come from the trees that stand tall and from the minerals that grace the Earth. Therefore, we work hard to make sure that the transition is an honorable process. We are hopeful that the people who purchase and use our products will sense the respect we have for Mother Earth. Perhaps then they will begin to treat her with the dignity she deserves."

STATEMENT OF BILL WILKEY, ASSOCIATE DIRECTOR OF MARKETING, SKYWALKERS COURIER SERVICE, YOUTH FUTURES, MINNEAPOLIS

Mr. WILKEY. Good morning, ladies and gentlemen. My name is Bill Wilkey. I am 19 years old and the associate director for marketing of Youth Futures, Inc.

I would like to give you a little history of my childhood. I was born here in Minneapolis. Diagnosed as hyperactive, I was placed on medication to control my violent temper. My mother couldn't control me, so the county placed me in the foster home of Marilou and Tom Henerlite. While I was in the foster home I learned how to control my temper and was taken off all medication.

Four years had passed and my foster parents decided to sell the house and give up foster care, so the beginning of my ninth grade year I moved back with my mother. I had a lot of hate and resentment for everyone around me. I felt as if everyone had let me down. I soon found myself running the streets, robbing and beating people. It seemed as if I didn't care what I did to people. I was so hurt and lost and I felt as if I didn't have anyone to turn to for help. Eventually, I ended up in and out of the juvenile justice system and at the St. Cloud Children's Home for a brief stay.

When I got out I still wasn't ready to settle down. I started 10th grade at South High School and lasted 2 weeks before I found myself being arrested for assaulting a teacher. I was then placed on probation and referred to the City/Southside, an alternative school for kids with learning disabilities and kids that can't handle a regular classroom setting. I really enjoyed the City. The classes were smaller and the teachers were able to work more with each individual student. For the first time in my life I was really enjoying school and excelling in areas that used to be so difficult for me.

After high school I began feeling lost again. I really didn't have any direction in my life. Then one day I got a call from Dick Mammen who asked for my help in a youth oriented business venture that he was operating called Youth Futures. I was really excited about the opportunity to start my own business. The more time I spent involved with Youth Futures, the more I felt it was becoming a part of me.

Youth Futures is a nonprofit organization which creates economic opportunities for disadvantaged youth. It is designed to create businesses that teach skills and provide employment to kids who have academic problems, poor families, criminal histories or other special problems. We develop and operate small businesses such as Duke's Dogs—a sidewalk food vending operation; and my company, Skywalkers Courier Service, which provides delivery and personal services in downtown Minneapolis.

We have received a lot of help from corporations and smaller businesses. They have provided financial backing and, more importantly, mentors who help us figure out the ins and outs of business development.

When people ask me about my job and what it has meant to me, I look back at the past 19 years and remember all those times I came so close to the edge; it scares me. Now I am in a position to put something positive back into society rather than taking something away.

[Prepared statement of Bill Wilkey follows:]

PREPARED STATEMENT OF BILL WILKEY, ASSOCIATE DIRECTOR FOR MARKETING OF YOUTH FUTURES, INC

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When I got out I still wasn't ready to settle down. I started tenth grade at South High School and lasted two weeks before I found myself being arrested for assaulting a teacher. I was then placed on probation and referred to the City/Southside; an alternative school for kids with learning disabilities and kids that can't handle a regular classroom setting. I really enjoyed the City; the classes were smaller and the teachers were able to work more with each individual student. For the first time in my life I was really enjoying school and excelling in areas that used to be so difficult for me.

After high school I began feeling lost again. I really didn't have any direction in my life.

Then one day I got a call from Dick Mammen who asked for my help in a youth-oriented business venture that he was operating called Youth Futures. I was really excited about the opportunity to start my own business. The more time I spent involved with Youth Futures, the more I felt it was becoming a part of me.

Youth Futures is a non-profit organization which creates economic opportunities for disadvantaged youth. It is designed to create businesses that teach skills and provide employment to kids who have academic problems, poor families, criminal histories or other special problems. We develop and operate small businesses such as Duke's Dogs—a sidewalk food vending operation, and my company—Skywalkers Courier Service—which provides delivery and personal services in downtown Minneapolis. We've received a lot of help from corporations and smaller businesses. They've provided financial backing and, more importantly, mentors who help us figure out the ins and outs of business development.

When people ask me about my job and what it has meant to me, I look back at the past 19 years and remember all those times I came so close to the edge; it scares me. Now I'm in a position to put something positive back into society rather than take something away.

STATEMENT OF TERRY HAGENAH, AND HER DAUGHTER, JESSICA, PARENT AND CHILD, MINNEAPOLIS

Ms. HAGENAH. My name is Terry Hagenah. I would like to testify on my personal experience with meeting educational needs for my children. I have two daughters, Nicci, 12, and Jessica, 9, who have spinal muscle strophy. They have had to use wheelchairs all their lives due to a progressive muscle weakness, but have no cognitive or intellectual impairment.

Prior to 1979, Nicci had been receiving educational services in a nonrestrictive classroom, and Jessie had been in an early childhood program.

In March 1979, we moved into Minneapolis. Our neighborhood school was older and not accessible. I contacted the social worker there for help in finding a close, accessible school for Nicci and an early childhood program for Jessie.

The social worker informed me that all handicapped children had to be evaluated at Dowling School for Crippled Children before they could be placed in the Minneapolis school system.

At Dowling, the evaluation team performed extensive physical and occupational therapy testing on both girls and inquired briefly as to Nicci's academic level of functioning. I had been given a tour

of the school, and it was easy to recognize that almost all the children had much more severe handicapping conditions than Nicci's. In the classs Nicci would be in, none of the seven other children could communicate verbally due to severe cerebral palsy. However, the Dowling team pressured me about the necessity of their program to serve the girls' needs. There seemed to be no way they could get physical or occupational therapy unless they attended Dowling. I was told there was no other early childhood program available in all of Minneapolis for Jessie unless I wanted her to be with all emotionally disturbed children.

Reluctantly, I agreed to try Dowling with the understanding the girls would be reevaluated if the placement wasn't working.

Nicci was very unhappy. There was no one in her class with whom she could talk, and the classroom material was not second grade level and needed to be presented over and over for the other children. Her teacher called me to ask that I speak to Nicci about acting so bored in class. This comment, plus my personal observations of both kids, led me to seek out PACER Center, an organization for parents of all handicapped children in Minneapolis.

I needed help in dealing with a school system that did not interpret Public Law 94-142 with the same intent that I did. Dowling was clearly not the least restrictive setting for them either. Had the staff been looking at them as individual human beings rather than "handicapped kids," there would have never been pressure to place the girls in Dowling's restrictive setting. The struggle to find a setting that met both the girls' physical and intellectual needs continued. Although I was very familiar with the provisions of Public Law 94-142, had I not had the support of PACER staff members who accompanied me to meetings with the school, there were times when I would have given up fighting the system that year.

PACER came with me literally all the way to the top of the special education hierarchy to find a school where Nicci could be accepted as a regular kid who happened to be in a wheelchair while still receiving some services required by her handicap.

When we found the school it was entirely worth the fight.

I refused to send Jessie back to Dowling because of the restrictive, overprotective environment. She never received any more early education because Minneapolis did not have an appropriate program. However, once she was of kindergarten age, she attended the same school as Nicci and was accepted just as openly by the staff and her classmates as Nicci had been.

Nicci made the leap into junior high school last year. We expected that she would continue as a regular student in regular classes but with help in going to the bathroom. However, she called me in tears her first day. She had been removed from the homeroom to which she was originally assigned and sent to a homeroom which would accommodate only handicapped children. She was told not to go to lunch with her friends but to return for lunch to the special homeroom to eat with the other handicapped students.

When I spoke the following day to the man in charge of this arrangement for Nicci, he said, "some of the teachers aren't ready to accept these kids in their classes. They are just not comfortable with them."

Thank heaven for Public Law 94-142. Parents of handicapped children frequently have enough to do to meet the needs of their children at home and in the community without having to also meet the needs of the trained professionals who are going to educate their children.

In summary, I would like to stress the importance of having parents be aware of the rights provided their children by laws regarding appropriate education. Although one would hope that the school systems would be aware of and support the provisions of Public Law 94-142, clearly it does not always work that way. It is the parent's responsibility to help professionals in schools look at the children as more than a "handicapped kid" and to advocate that their child be treated as normally as possible. This means placing the child in the least restrictive environment, regardless of the "comfort level" of professionals. The needs of the child must come first.

[Prepared statement of Terry Hagenah follows:]

PREPARED STATEMENT OF TERRY HAGENAH, A PARENT

My name is Terry Hagenah. I would like to testify on my personal experience with meeting educational needs for my children—a process that very likely would not have happened without Public Law 94-142, the Education for All Handicapped Children Act

I have two daughters, Nicci, 12, and Jessica, 9, who have Spinal Muscle Strophy. They have had to use wheelchairs all their lives due to a progressive muscle weakness but have no cognitive or intellectual impairment. Nicci was able to skip sixth grade because she had been able to advance an extra grade in the two years she spent in a "continuous progress" program.

We moved to Minneapolis from Wisconsin in August, 1978. Initially we lived in Hopkins, a Minneapolis suburb. When I contacted the elementary school there, I was told they had no children in wheelchairs at that school. However, after a brief conversation with the principal and teacher, they agreed it would not be a problem to have Nicci in the second grade class as the school was entirely accessible. There was no funding available for teacher's aides so the teacher would take Nicci to the bathroom, help with her coat, and see that she got out of the building during fire drills. Jessie was immediately placed in an Early Childhood Program as provided for by Public Law 94-142.

In March of 1979, we moved into Minneapolis. Our neighborhood school, two blocks away, was an older, inaccessible building. I contacted the social worker there for help in finding a close, accessible school for Nicci and an Early Childhood Program for Jessie.

The social worker informed me that all handicapped children had to be evaluated at Dowling School for Crippled Children before they could be placed in the Minneapolis school system.

At Dowling, the evaluation team performed extensive physical and occupational therapy testing on both girls They inquired briefly as to Nicci's academic level of functioning. We then sat down to discuss their recommendations—I and 14 or 15 people from Dowling.

I had been given a tour of the school, and it was easy to recognize that almost all the children had much more severe handicapping conditions than Nicci's. In the class Nicci would be in, none of the seven other children could communicate verbally due to severe cerebral palsy. However, the Dowling team pressured me about the necessity of their program to serve the girls' needs. There seemed to be no way they could get physical or occupational therapy unless they attended Dowling. I was told there was no other Early Childhood Program available in all of Minneapolis for Jessie unless I wanted her to be with all emotionally disturbed children.

Reluctantly, I agreed to try Dowling with the understanding the girls would be re-evaluated if the placement wasn't working.

Nicci was very unhappy. The bus ride was about an hour each way, there was no one in her class with whom she could talk, and the classroom material was not second grade level and needed to be presented over and over for the other children Her teacher called me to ask that I speak to Nicci about acting so bored in class

This comment, plus my personal observations of both kids, led me to seek out PACER Center, an organization for parents of all handicapped children, in Minneapolis.

I needed help in dealing with a school system that did not interpret Public Law 94-142 with the same intent that I did. Dowling was clearly not the least restrictive setting for either child. Had the staff been looking at them as individual human beings rather than "handicapped kids", there would have never been any pressure to place the girls in Dowling's restrictive setting.

Or if the staff had recognized that I knew my kids and their needs better after a lifetime of contact than a professional could after one or two hours of testing in a foreign environment, perhaps the unfortunate situation wouldn't have occurred.

The struggle to find a setting I felt was appropriate for the girls continued. Although I was very familiar with the provisions of PL94-142, had I not had the support of PACER staff members who accompanied me to meetings with the school, there were times when I would have given up fighting the system that year.

PACER came with me literally all the way to the top of the special education hierarchy to find a school where Nicci could be accepted as a regular kid who happended to be in a wheelchair while still receiving some services required by her handicap.

When we found that school, it was entirely worth the fight.

I refused to send Jessie back to Dowling because of the restrictive, overprotective environment. She never received any more early education because Minneapolis did not have an appropriate program. However, once she was of kindergarten age, she attended the same school as Nicci and was accepted just as openly by the staff and her classmates as Nicci had been.

Jessie is presently in another elementary school due to city-wide reorganization. Although her classmates, Brownie leaders, teachers and principals have been responsive to input, she has not received adequate teacher's aide services. Last year and so far this year, for instance, she has not been taken to the bathroom at all during her school day She has also been excluded from participation in her physical education class because her teacher has no idea how to include her in activities.

Generally, however, she is happy in this non-restrictive setting. She attends all activities, classes, and field trips just like any other kid.

Nicci, on the other hand, made the leap into junior high last year. We expected that things would go on as smoothly as they had been—that she would continue as a regular student in regular classes but with help in going to the bathroom. However, she called me in tears after her first day. She had been removed from the homeroom to which she was originally assigned and sent to a homeroom which would accommodate only handicapped children. She was told not to go to lunch with her friends but to return for lunch to the "special" homeroom to eat with other handicapped students.

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Thank heaven for Public Law 94-142. Parents of handicapped children frequently have enough to do to meet the needs of their children at home and in the community without having to also meet the needs of the trained professionals who are going to educate their children.

In summary, I would like to stress the importance of having parents be aware of the rights provided their children by laws regarding appropriate education.

Although one would hope that school systems would be aware of and support the provisions of Public Law 94-142, clearly it does not always work that way.

Parents know their children best and see them as individuals more clearly than others It is a parent's responsibility to help professionals in schools look at the children as more than a "handicapped kid" and to advocate that their child be treated as "normally" as possible. This means placing the child in the least restrictive environment, regardless of the "comfort level" of professionals. The needs of the child must come first

STATEMENT OF CYNTHIA MYERS, DIRECTOR, NATIONAL RUNAWAY SWITCHBOARD, CHICAGO, ILL.

Ms. MYERS. I am Cynthia Myers and I am the executive director of Metro-Help, Inc., in Chicago, Ill. Metro-Help is a private youth serving organization. We meet the needs of teenagers and their families through four telephone hotlines. The first of these and the

oldest, is the Metro-Help regional switchboard which has been in existence since September of 1971 and services the Chicago metropolitan area.

In August 1974 we began our second program, the tollfree National Runaway Switchboard, which serves the entire contiguous United States. Shortly thereafter, we began the Illinois Youth Switchboard, also a toll free number that serves the State of Illinois. Metro-Help's newest program which began in late 1979, is the Sex Info-Line, which also serves the Chicago metropolitan area.

These four telephone programs assist nearly 300,000 teenagers and their families each year. Each of the telephone programs operates in a similar manner. Twenty-four hours a day, 7 days a week teens call us for help. It might be an emergency, such as a drug overdose or suicide attempt or maybe that teenager needs to talk through a problem with their parents—the parents are too restrictive, the parents are not restrictive enough.

Whatever the problem, whatever the situation, we provide individual personalized help. Our more than 220 trained volunteer telephone workers assist the callers first in sorting out the issue of the problem and second, in getting help from someone nearby. We maintain careful records of every group who assists teens and their families in all parts of the country. As you can see, our program is neither complex nor overly innovative. However, providing individual assistance on such a massive scale does make it unique.

Let me, if I may for a moment, tell you something about our callers. On our national and Illinois lines their average age is 16. With the Chicago programs that number rises a bit to nearly 20. Females outnumber males by 59 percent to 42 percent. They live in urban, suburban, and rural settings. They come from poor, middle class and well to do homes. They come from families with two parents, divorced parents. Nearly 45 percent of our total calls come from the States of Minnesota, Michigan, Wisconsin, Indiana, and Illinois.

What do they all have in common? They don't know where to go for help and they don't know who to ask. Other than their parents there are almost no significant adults in their lives. They live in a world that contains their friends, popular music, television and shopping malls. It is no wonder that given this description some people think that shopping malls, music and television cause teenagers' problems. They don't.

Teenagers problems are a result of little or no direction and guidance, no meaningful place or role in society and a little bit of normal growing up. But we are here to talk about the Midwest and young people in the Midwest. I wish I could tell you that the problems of teens and young adults in the Midwest were exclusive to them. Because then as the economy improves in the Midwest and as more jobs are available, all these problems would go away. They won't and I can't. So I will tell you the kinds of problems callers discuss.

At the top of the chart of problems expressed by callers is emotional concerns, at 30 percent. I will return to this later.

Next is family problems at 25 percent. This includes differences with family members, fights and arguments over who friends are, how late they can stay out.

Following this we have drug related problems at 10 percent.

The next area is sexuality also at 10 percent. This includes all those questions that they don't know who to ask about body changes, peer pressure, and relationships. In much less percents, we hear about pregnancy related problems, 3.8 percent; medical needs, 2.5 percent, and rape related situations at 1.5 percent.

One area I would like to separate out is child abuse which is expressed as a primary problem in 3.6 percent of the calls received on the national lines. Although this is a small percentage, we saw an increase of 300 percent in less than 5 years.

One extremely encouraging trend noted regionally is the decline in the proportion of calls concerning problems with drugs. Drug related calls dropped 10 percent last year and have declined 46 percent since 1976. Among drug related calls, alcohol has emerged as the No. 1 problem. Calls concerning abuse have escalated drastically in recent years, rising almost 200 percent since 1974 and increasing 24 percent last year alone. Calls involving problems with stimulants jumped 46 percent in 1981 and have increased in each of the past 4 years.

There are alarming increases in the number of callers expressing problems with cocaine and heroin. The proportion of calls concerning cocaine more than doubled last year and those involving heroin increased 21 percent. Drug related calls about drug combinations—for example, alcohol and barbiturates—and depressants both declined significantly in 1981.

Another encouraging development was the 33-percent drop in calls concerning PCP (angel dust). The proportion of calls concerning marihuana use dropped for the third consecutive year. This does not necessarily indicate a decline in marihuana use, merely a reduction in the number of callers who perceive they have a problem with marihuana.

Emotional concerns have always been the most common reason for calling the Metro-Help service, representing nearly one-third of the calls. This caused us to look more closely at the category of emotional concerns. This category includes teenagers expressing an alarming sense of hopelessness and helplessness.

They truly wonder what the future holds. What is the purpose of going to school if you will never get a job because there won't be any jobs? What is the purpose of working hard if the world will be destroyed before you are 20? Why invest in the future if you wonder if there will be a future? I recognize the drama in these questions but I think we have to realize that teenagers are not emotionally equipped to handle the weight and problems of the world. They do look at issues as black and white; they do address situations somewhat simplistically. And yet through the miracle of modern technology teenagers are aware of and grappling with these problems. And these problems are too much. Teenagers are overwhelmed. They can't handle it.

I am not suggesting to this committee we can solve all the problems. I am suggesting as you review those issues pertaining to children, you take into consideration what young people really think.

Thank you

[Prepard statement of Cynthia Myers follows:]

PREPARED STATEMENT OF CYNTHIA MYERS, EXECUTIVE DIRECTOR OF METRO-HELP, INC., CHICAGO, ILL.

I am Cynthia Myers and I am the Executive Director of Metro-Help, Inc. in Chicago, Ill. Metro-Help is a private youth serving organization. We meet the needs of teenagers and their families through four telephone hot lines. The first of these and the oldest is the Metro-Help regional switchboard which has been in existence since September of 1971 and services the Chicago metropolitan area. In August of 1974 we began our second program the toll free National Runaway Switchboard which serves the entire contiguous U.S. Shortly thereafter we began the Illinois Youth Switchboard also a toll free number that serves the State of Illinois. Metro-Help's newest program which began in late 1979 is the Sex Info-Line which also serves the Chicago metropolitan area.

These four telephone programs assist nearly 300,000 teenagers and their families each year. Each of the telephone programs operates in a similar manner. Twenty-four (24) hours a day, seven days a week teens call us for help. It might be an emergency, such as a drug overdose or suicide attempt or maybe that teenager needs to talk through a problem with their parents . . . the parents are too restrictive, the parents are not restrictive enough. Whatever the problem, whatever the situation we provide individual personalized help. Our more than 220 trained volunteer telephone workers assist the callers first in sorting out the issue or the problem and second in getting help from someone nearby. We maintain careful records of every group who assists teens and their families in all parts of the country. As you can see our program is neither complex nor overly innovative. However, providing individual assistance on such a massive scale does make it unique. Let me, if I may, for a moment, tell you something about our callers. On our national and Illinois lines their average age is sixteen (16). With the Chicago programs that number rises a bit to nearly twenty (20). Females outnumber males by 58 percent to 42 percent. They live in urban, suburban and rural settings. They come from poor, middle class and well to do homes. They come from families with two parents, divorced parents and single parents. Nearly 45 percent of our total calls come from the states of Minnesota, Michigan, Wisconsin, Indiana and Illinois.

What do they all have in common? They don't know where to go for help and they don't know who to ask. Other than their parents there are almost no significant adults in their lives. They live in a world that contains their friends, popular music, television and shopping malls. It is no wonder that given this description some people think that shopping malls, music and television cause teenagers' problems. They don't.

Teenagers problems are a result of little or no direction and guidance, no meaningful place or role in society and a little bit of normal growing up. But we are here to talk about the Midwest, and young people in the Midwest. I wish I could tell you that the problems of teens and young adults in the Midwest were exclusive to them. Because then as the economy improves in the Midwest and as more jobs are available all these problems would go away. They won't and I can't. So I will tell you the kinds of problems callers discuss. At the top of the chart of problems expressed by callers is Emotional Concerns at 30 percent (I will return to this later). Next is Family problems at 25 percent. This includes all differences with family members, fights and arguments over who friends are, how late they can stay out. Following this we have drug-related problems at 10 percent. The next area is sexuality also at 10 percent. This includes all those questions that they don't know who to ask about body changes, peer pressure and relationships. In much smaller percents we hear about pregnancy related problems (3.8 percent), medical needs (2.5 percent) and rape related situations at 1.5 percent. One area I would like to separate out is child abuse which is expressed as a primary problem in 3.6 percent of the calls received on the national lines. Although this is a small percentage we saw an increase of 300 percent in less than five years. One extremely encouraging trend noted regionally is the decline in the proportion of calls concerning problems with drugs. Drug-related calls dropped 10 percent last year and have declined 46 percent since 1976. Among drug related calls, alcohol has emerged as the number one problem. Calls concerning alcohol abuse have escalated drastically in recent years, rising almost 200 percent since 1974 and increasing 24 percent last year alone. Calls involving problems with stimulants jumped 16 percent in 1981 and have increased in each of the past four years. There were alarming increases in the number of callers expressing problems with cocaine and heroin. The proportion of calls concerning cocaine more than doubled last year and those involving heroin increased 21 percent. Drug related calls (or drug combinations, e.g., alcohol and barbiturates) and depressants both declined substantially in 1981. Another encouraging development was the 53 percent

drop in calls concerning PCP ("angel dust"). The proportion of calls concerning marijuana use dropped for the third consecutive year. This does not necessarily indicate a decline in marijuana use, merely a reduction in the number of callers who perceive they have a problem with marijuana.

Emotional concerns have always been the most common reason for calling the Metro-Help service, representing nearly one-third of the calls. This caused us to look more closely at the category of Emotional Concerns. This category includes teenagers expressing an alarming sense of hopelessness and helplessness. They truly wonder what the future holds. What is the purpose of going to school if you will never get a job because there won't be any jobs? What is the purpose of working hard if the world will be destroyed before you are twenty? Why invest in the future if you wonder if there will be a future?

I recognize the drama in these questions but I think we have to realize that teenagers are not emotionally equipped to handle the weight and problems of the world. They do look at issues as black and white; they do address situations somewhat simplistically. And yet through the miracle of modern technology teenagers are aware of and grappling with these problems. And these problems are too much. Teenagers are overwhelmed They can't handle it.

Chairman MILLER. Ms. Hagenah, you mentioned you were involved with PACER?

Ms. HAGENAH. A parent advocacy group.

Chairman MILLER. In Minneapolis?

Ms. HAGENAH. Minneapolis-St. Paul.

Chairman MILLER. Is that designed for parents with handicapped children?

Ms. HAGENAH. Yes.

Chairman MILLER. In compliance with Public Law 94-142 or general concerns?

Ms. HAGENAH. I would say Public Law 94-142 gives us the basis for functioning to help with general concerns of parents. If a child is not getting appropriate education, and in an appropriate setting, and you are not being helped by the school system, PACER will help.

Chairman MILLER. How important do you think that is?

Ms. HAGENAH. I think we would have had big problems without it.

Chairman MILLER. Would you have been successful in placement without that kind of help?

Ms. HAGENAH. I think not. We moved here from Wisconsin. I was referred to Dowling School. I was overwhlemed by the staff there. I went to two meetings with a representative. They listened and asked questions and said this is what I should do.

Chairman MILLER. Jessica, do you like going to regular school?

JESSICA HAGENAH. Yes.

Chairman MILLER. You go to all the regular classes?

JESSICA HAGENAH. Yes.

Chairman MILLER. Do they have a program for you in the gym class?

JESSICA HAGENAH No.

Chairman MILLER. You are in what grade?

JESSICA HAGENAH. Third.

Chairman MILLER. What about her sister? Do they have a gym program for her?

Ms. HAGENAH. Yes, an adapted physical education program.

Chairman MILLER. She is in junior high? They have an ongoing program for her?

Ms. HAGENAH. Yes.

Chairman MILLER. Jessica, do you enjoy the regular school?
JESSICA HAGENAH. Yes.
Chairman MILLER. Are you going to continue?
JESSICA HAGENAH. Yes.
Chairman MILLER. Cheryl, do you know the number of dropouts, the number of high school kids that do not graduate? Is it high?
Ms. PETERS. Yes, I can't give you an exact number. It is very high.
Chairman MILLER. Let me ask you, at the center you have developed, which is really extensive, do you have a tutor program?
Ms. PETERS. They are trying to get a program for tutors.
Chairman MILLER. Bill, did you start Skywalkers?
Mr. WILKEY. Yes.
Chairman MILLER. What made you decide to do that?
Mr. WILKEY. That we would make money on it.
Chairman MILLER. You went from a kid on the street to marketing?
Mr. WILKEY. Yes.
Chairman MILLER. We visited a program in Manhattan, Covenant House, which also runs a courier service in New York City, apparently very successfully. How is your business going, is it growing?
Mr WILKEY. Yes.
Chairman MILLER. How many people do you employ?
Mr. WILKEY. Ten.
Chairman MILLER. Full time?
Mr. WILKEY. Part time. Also we run two hot dog carts on Nicollet Mall.
Chairman MILLER. These people are how old.
Mr. WILKEY. Anywhere from 14 to 21.
Chairman MILLER. Do they work during school hours?
Mr. WILKEY. No, they come after school.
Chairman MILLER. Do you use this as a training program or do they stay for a period of time as long as they work out?
Mr. WILKEY. Yes, as long as they work out.
Chairman MILLER. Cynthia, you have been running the hotline for how long?
Ms. MYERS. Eight years.
Chairman MILLER. Are youth's concerns for the future growing?
Ms. MYERS. I think when I first started at the swtichboard we very, very seldom received calls about world issues. Ten years later what happened is there is a lot of pressure. Young people are concerned, it is hard to cope, it is very hard.
Chairman MILLER. Is there a kind of general disparity involved?
Ms. MYERS. A general sense of disparity. Many call to say why should I go to school, I won't get a job anyway.
Chairman MILLER. Are there incidents that trigger the calls?
Ms. MYERS. Certainly. International incidents, more recently, the Korean airline incident.
Chairman MILLER. What happens?
Ms. MYERS. We will receive calls, they are so scared.
Chairman MILLER. What are they scared about?
Ms. MYERS. They will talk about world problems and say, is there still going to be a war?

Chairman MILLER. That is very frightening.

Ms. MYERS. Sure, it is frightening.

Chairman MILLER. During our initial hearing on this Select Committee, we had testimony about children's concerns, and letters were read to us that were later delivered to the White House. The children wrote about unemployment and other current issues. One Member of Congress asked, where do they get such thoughts? And what you are telling me is when they see the nightly news, listen to their parents talk, that triggers their concerns.

Ms. MYERS. Kids know what is going on in the world, and they are worried.

Mr. MARRIOTT. I want to follow up on some questions. You indicated 220 volunteers who take about 300,000 phone calls a year. How big an area do you serve? How do you publicize the phone number? What is the population area?

Ms. MYERS. We serve the entire United States, centralized from Chicago.

Mr. MARRIOTT. Calls come from all over the United States?

Ms. MYERS. They come in on national lines, come from all over the United States.

Mr. MARRIOTT. How many teenagers are involved? How big a percent? Apparently very small. What percentage talk about suicide?

Ms. MYERS. Two percent.

Mr. MARRIOTT. What percent of the calls from homes with one parent or neither parent present?

Ms. MYERS. I don't know the percent.

Mr. MARRIOTT. Is there a relationship between divorced families and troubled kids?

Ms. MYERS. They are no different than two parent families.

Mr. MARRIOTT. You are saying 50 percent of marriages end in divorce. You are getting calls from 50 percent that have both parents present?

Ms. MYERS. Yes.

Mr. MARRIOTT. What you are finding today, these kids don't feel all that good about themselves and are lacking a role model?

Ms. MYERS. That is correct.

Mr. MARRIOTT. Bill, you are a fascinating young man, going from trouble to business. As a small businessman like yourself, I understand what you are doing and when you were young, what kind of a role model did you have? Was there anybody there who put you on the right track?

Mr. WILKEY. There were times I didn't know where I was going.

Mr. MARRIOTT. Who helped you to get going in business for yourself?

Mr. WILKEY. My boss.

Mr. MARRIOTT. How did he know, how did you meet him?

Mr. WILKEY. He is a good friend.

Mr. MARRIOTT. You were referred to him?

Mr. WILKEY. Yes.

Mr. MARRIOTT. At the time, did you have some pretty serious problems?

Mr. WILKEY. Yes, problems at home, stuff like that.

Mr. MARRIOTT. Where did you get the money to start?

Mr. WILKEY. Dayton-Hudson, General Mills, private funds.

Mr. MARRIOTT. Those people gave you grant money to help get you going?

Mr. WILKEY. Yes.

Mr. MARRIOTT. What is your payroll now?

Mr. WILKEY. Eighty thousand dollars.

Mr. MARRIOTT. I want to congratulate you. Best of luck. Starting a small business isn't easy. If you can do it, hats off to you Bill. Thank you.

Mr. SIKORSKI. I would like to comment—just one question. Cynthia, in your testimony you talked about the largest single area of concern was emotional. You highlighted concerns of the future world. We just ended hearings in Washington on the psychological theories of nuclear war. Do you think that type of thing is something we have to be aware of?

Ms. MYERS. I definitely think we have to be aware of that because it is young people and their future. They are going to be controlling the world. They think, what is in it for me. They are worried, they are much more knowledgeable.

Mr. SIKORSKI. We talked about the concerns you had with Dowling School with regard to finding a proper educational environment. Did you actually have to engage in the arbitration process or was it settled informally?

Ms. HAGENAH. That was the first step.

Mr. SIKORSKI. That was important to you, it did work? They did have a program there that worked out for Jessica?

Ms. HAGENAH. They had a program.

Mr. SIKORSKI. Let me turn to Bill. It is very interesting talking about your business and your program. That is the program where they started a lot of small businesses and other activities. You are just involved in one aspect, you set it up to teach skills and eventually became successful.

The witness on the hotline, Ms. Myers, talked about job opportunities as an important anchor. It is important that a job have meaning, that they be trained in a skill to be used or something that is meaningful in the community.

Chairman MILLER. Thank you for your testimony, all of you. I appreciate your taking your time and sharing your experiences and your concerns with us.

The next panel will address the issue of economic security and crisis intervention strategies. It will be made up of Dr. Agnes Mansour, Martha Ballou, Lynn Shafer, Steven Belton, and Norby Blake. Your written testimony will be placed in the record. You may proceed in the manner that is most comfortable and helpful for you.

STATEMENT OF AGNES MANSOUR, DIRECTOR OF THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES

Ms. MANSOUR. Representative Miller and members of the Select Committee, I am Agnes Mansour, director of the Michigan Department of Social Services. I appreciate the invitation to testify on behalf of the children and families of Michigan and other distressed States.

I regret the news I bring is not good. My purpose today is to outline the range of problems resulting from inadequate public policy in support of families and the resulting impact on children and youth. Much of this inadequacy results from living with the policies of programs of the past, when some new realities, such as the feminization of poverty and industrial dislocation, require new and innovative thinking. Though the situation is grim, there are also some recommendations I will offer, which this committee is in a position to advocate.

In Michigan, as elsewhere, the primary reason for family distress in recent years continues to be a faltering economy. Unemployment has been in double digits in Michigan for 44 months, an astounding indication of the depth and duration of a very real depression. In spite of recent modest improvements, there are still almost 600,000 people in Michigan who are out of work. That is more than the entire population of the States of Delaware and Vermont. With this many individuals and their families facing the economic and psychological stress of the loss of work which may be permanent, it is no surprise that the health of our families is in jeopardy.

Clearly, the first and most important aspect of family policy which this committee must address in Washington is the health of the economy, and measures which will focus recovery not on the random "trickle down," but on those parts of the Nation in need of immediate relief. We must rebuild the institutions which provide for family self-sufficiency.

Not surprisingly, this long term unemployment has taken its toll in dramatic increases in the number of families living in poverty. Between 1980 and 1982, the proportion of U.S. families in poverty increased from 13 percent to 15 percent. This represents 27.4 million families and 6.5 million single individuals who had cash incomes below the minimum subsistence level.

Over the last 3 years, Michigan's ADC caseloads have increased by 14 percent or 100,000 individuals. This growth occurred in spite of the Omnibus Reconciliation Act, which eliminated more than 15,000 families (over 40,000 individuals) from eligibility. The bulk of the increase has occurred in the unemployed portion of the caseload, representing two parent families. These intact families are desperately in need of financial and service support before the stresses of their situation destroy the family they are attempting against all odds to hold together.

Regardless of this struggle, the trend toward the breakdown of the two parent family continues. It is estimated that for some portion of their lives 85 percent of American women can expect to support themselves and their children. Today 80 percent of the poor in this country are women and children and if projections are correct, the poverty population will be composed almost solely of women and their children by the year 2000. Ninety percent of single parent families are headed by women and 50 percent of their group lives in or borders on poverty.

One small way to measure the impact of this new found poverty among Michigan's families is to look at its cost to the State and Federal Governments. If Michigan AFDC caseloads declined to their levels at the beginning of 1980, the Federal Government

would reap savings of over $18 million a month in AFDC and medicaid costs. Including general assistance, the State would save about $22 million each month.

However, even more sobering than any thought to the cost we share for the meager support offered these families in their moment of desperation, is the tragic toll of their situations at the personal level. While attempting to cope with their loss of work and the lack of health care coverage, heads of households must also cope with regulations which make ADCU eligibility contingent on recent contact with the labor force, working against the long-term unemployed who do not seek aid right away. In addition, we have work requirements which are especially onerous to those who are in need precisely because of lack of work.

With unemployment and loss of income comes a host of potentially disabling emotions. There is the stress of not knowing how the bills will be paid, and contemplating the loss of the home and security one has worked so hard to achieve. There is the stress caused by increased contact in the home—more people in contact for more hours under more difficult circumstances. There is the emotional cost of anger, guilt, loss of self-esteem which heightens the tension of coping with such new and unhappy situations.

Infant mortality in Michigan now stands at 13.2 percent and in our center cities it is 18.2 percent. One census area in the city of Detroit had a death rate at the level reported for Honduras, the poorest country in Central America.

Domestic violence in Michigan is on the rise. State funded spouse abuse shelters report an increase of 58 percent, or about 37,000 nights of care provided between 1980 and today. Cases of abuse and neglect of aged or disabled adults have also increased. Child abuse, the most frequent mentioned indicator of family stress, continues at an alarming pace, with an estimated total of 38,000 cases being investigated this year. The proportion of cases in which physical abuse approaches a life threatening level is on the increase, as are the cases involving teenagers.

In Michigan, the majority of delinquent youth have a history of abuse and neglect and are committing increasingly violent acts at a younger age. The youth unemployment rate in Michigan's urban areas stands at 30 percent, and for minority youth it is almost 60 percent. All our evidence is that productive youth have a far greater likelihood of remaining nondelinquent, and so the impact of high unemployment is especially severe in setting youth down a path from which it is difficult to turn back.

The combined impact of the severity of child abuse and neglect, family disfunctioning and delinquency has caused a rapid escalation of the cost to both the State and Federal Governments for out of home care for youth. In Michigan, where counties also bear a portion of these costs, the total cost of out of home care has been estimated to be roughly $150 million—an astounding resource drain from all levels of government to pay for the failures of our own policies.

That so many children, youth, and families are affected by abuse, neglect, or delinquency points to the terrible inabilities of government policies which do not help families until after calamity

strikes. Clearly, supportive and preventive strategies are needed if this growing tide is ever to be turned.

I would be remiss if I did not include a few remarks about the role of education in family policy, for it is fashionable today to pit education against other human services in the competition for limited resources. At the same time, education is embroiled in battles of its own over quality, standards and the like. I would only like to point out that education is inexorably linked to families and their well being. Education is essential to the retraining and reemployment of those who have been dislocated by the long-term shifts in the economy from manufacturing to services. And, it is education which provides the road to the future for single parent mothers with little to no work experience or marketable skills, as well as children currently trapped in the cycle of welfare, or victimized by child abuse or delinquency.

Let me close by summarizing what I believe to be the most critical issues this committee needs to face, based on the data and experience coming from Michigan.

Because we have old policies coexisting with very new realities, much of our current direction is inappropriate and ineffective in assisting our large numbers of unemployed and female headed families.

One, economic recovery must be pursued as directly as possible, and in ways which target resources to areas and population of greatest distress. It should not be assumed that there will even be a trickle left by the time recovery reaches the poor, if left to the devices of the free market.

Two, eligibility and benefit levels for the poor. In an interdependent and complex economy, this cannot be argued to be the problem of the States. Not only the State but, to a greater extent, the Federal Government must more intentionally share the cost of an expanding destitute population. What remains to be decided is whether we will meet that responsibility with any degree of morality, or whether we will collectively continue to ignore the deplorable conditions of an increasing proportion of our citizens.

Three, programs for the unemployed. Extension of UCB coverage is essential. Our ADC caseload charts in Michigan show large and distinct increases when extended benefits are lost. Equally important is health care coverage during this time when stress-related illness may be highest. Youth employment opportunities and training and employment programs for single-parent women with wages and benefits to support a family must be a priority.

Four, services to families. Federal funds for services to families have been cut through the sleight of hand known as block grants. Restorations and increases in Federal support for day care are especially critical, as are family services such as money management, homemaker training, parenting skill training, family planning, and teenage pregnancy. So, too, is a new and creative approach to child support required since the present system was not designed for the number of single-parent cases that currently exists and grows daily.

Five, disincentives to work. Current policies provide inadequately for the initial investment and increased costs incurred by moving from public assistance to self-sufficiency. The simultaneous and cu-

mulative loss of benefits such as day care, food stamps, and especially medicaid, to take a low-wage, no-benefit, dead-end job makes the proposition of working too risky for a parent with dependent children to eagerly embrace.

Six, budget priorities. The agenda suggested can only be supported if perspective is achieved at the Federal level on the importance for both humanitarian and sound domestic policy as well as reasonable national security. For, if we betray the promise of our country's ideals to a large and growing portion of our own population, we have done more to harm ourselves than any external foe could hope to achieve. The blessings of life and liberty are promised to all our citizens, not just those who can afford their current high price. And, as public servants, it is our mutual responsibility to continue to advocate for the needs of our families and children—those who cannot be here today to speak on their own behalf.

[Prepared statement of Agnes Mansour follows:]

PREPARED STATEMENT OF AGNES MANSOUR, DIRECTOR OF THE MICHIGAN DEPARTMENT OF SOCIAL SERVICES

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THE ECONOMY

In Michigan, as elsewhere, the primary reason for family distress in recent years continues to be a faltering economy. Unemployment has been in double digits in Michigan for 44 months—an astounding indication of the depth and duration of a very real depression. In spite of recent modest improvements, there are still almost 600,000 people in Michigan who are out of work. That is more than the entire population of the States of Delaware or Vermont. With this many individuals and their families facing the economic and psychological stress of the loss of work which may be permanent, it is no surprise that the health of our families is in jeopardy. Clearly, the first and most important aspect of family policy which this committee must address in Washington is the health of the economy, and measures which will focus recovery not on a random "trickle down," but on those parts of the Nation in need of immediate relief. We must rebuild the institutions which provide for family self-sufficiency.

POVERTY

Not surprisingly, this long-term unemployment has taken its toll in dramatic increases in the number of families living in poverty. Between 1980 and 1982, the proportion of U.S. families in poverty increased from 13 percent to 15 percent. This represents 2.4 million families and 6.5 million single individuals who had cash incomes below the minimum subsistence level. Over the last three years, Michigan's ADC caseloads have increased by 14 percent, or 100,000 individuals. This growth occurred in spite of the Omnibus Reconciliation Act, which eliminated more than 15,000 families (over 40,000 individuals) from eligibility. The Bulk of the increase has occurred in the unemployed portion of the caseload, representing two-parent families. In 1979, our ADC-U caseload was 15,900; in August of 1983 it is 47,100. These intact families are desperately in need of financial and service support before the stresses of their situation destroy the family they are attempting against all odds to hold together.

Regardless of this struggle, the trend toward the breakdown of the two parent family continues. It is estimated that for some portion of their lives 85 percent of

American women can expect to support themselves and their children. Today 80 percent of the poor in this country are women and children and if projections are correct, the poverty population will be composed almost solely of women and their children by the year 2000. 90 percent of single-parent families are headed by women and 50 percent of this group lives in or boarders on poverty. As we meet here, 25 percent of all children in the U.S. live near the poverty line.

One small way to measure the impact of the new-found poverty among Michigan's families is to look at its cost to the State and Federal governments. If Michigan AFDC caseloads declined to their levels at the beginning of 1980, the Federal Government would reap savings of over $8 million a month in AFDC and medicaid costs. Including general assistance, the State would save about $22 million each month. Said another way, 15 percent, or 1.4 million citizens (1 out of 7), are on some form of public assistance.

Even more sobering than any thought to the cost we share for the meager support offered these families in their moment of desperation, is the tragic toll of their situations at the personal level. While attempting to cope with their loss of work and the lack of health care coverage, heads of households must also cope with regulations which make ADC-U eligibility contingent on recent contact with the labor force, working against the long-term unemployed who do not seek aid right away. In addition, we have work requirements which are especially onerous to those who are in need precisely because of lack of work.

FAMILY DISTRESS

With unemployment and loss of income come a host of potentially disabling emotions. There is the stress of not knowing how the bills will be paid, and contemplating the loss of the home and security one has worked so hard to achieve. There is the stress caused by increased contact in the home—more people in contact for more hours under more difficult circumstances. There is the emotional cost of anger, guilt, loss of self-esteem which heightens the tensions of coping with such new and unhappy situations.

Infant mortality in Michigan now stands at 13.2 percent, and in our center cities it is 18.2 percent. One census area in the city of Detroit has a death rate at the level reported for Honduras, the poorest country in Central America.

Domestic violence in Michigan is on the rise. State-funded spouse abuse shelters report an increase of 58 percent, or about 37,000 nights of care provided between 1980 and today. Cases of abuse and neglect of aged or disabled adults have also increased. Child abuse, the most frequently mentioned indicator of family stress continues at an alarming pace, with an estimated total of 38,000 cases being investigated this year. The proportion of cases in which physical abuse approaches a life-threatening level is on the increase, as are the cases involving teenagers.

In Michigan, the majority of delinquent youth have a history of abuse and neglect and are committing increasingly violent acts at a younger age. The youth unemployment rate in Michigan's urban areas stand at 30 percent, and for minority youth it is almost 60 percent. All our evidence is that productive youth have a far greater likelihood of remaining non-delinquent, and so that impact of high unemployment is especially severe in setting youth down a path from which it is difficult to turn back.

The combined impact of the severity in child abuse and neglect, family disfunctioning and delinquency has caused a rapid escalation of the cost to both the State and Federal governments for out-of-home care for youth. In Michigan, where counties also bear a portion of these costs, the total cost for out of home care has been estimated to be roughly $150 million dollars—an astounding resource drain from all levels of government to pay for the failures of our own policies. That so many children, youth and families are affected by abuse, neglect, or delinquency points to the terrible inabilities of government policies which do not help families until after calamity strikes. Clearly, supportive and preventive strategies are needed if this growing tide is ever to be turned.

EDUCATION

I would be remiss if I did not include a few remarks about the role of education in family policy, for it is fashionable today to pit education against other human services in the competition for limited resources. At the same time, education, is embroiled in battles of its own over quality, standards, and the like. I would only like to point out that education is inexorably linked to families and their well-being. Education is essential to the re-training and re-employment of those who have been dislocated by the long-term shifts in the economy from manufacturing to services.

And, it is education which provides the road to the future for single parent mothers with little to no work experience or marketable skills as well as children currently trapped in the cycle of welfare, or victimized by child abuse or delinquency.

CONCLUSION/RECOMMENDATIONS

Let me close by summarizing what I believe to be the most critical issues this committee needs to face, based on the data and experience coming from Michigan.

Because we have old policies coexisting with very new realities, much of our current direction is inappropriate and ineffective in assisting our large numbers of unemployed and female-headed families.

(1) Economic recovery.--This must be pursued as directly as possible, and in ways which target resources to areas and population of greatest distress. It should not be assumed that there will even be a trickle left by the time "recovery" reaches the poor, if left to the devices of the "free market."

(2) Eligibility and benefit levels for the poor.—In an interdependent and complex economy, this cannot be argued to be the problem of the States. Not only the State but to a greater extent the Federal Government must more intentionally share the cost of an expanding destitute population. What remains to be decided is whether we will meet that responsibility with any degree of morality, or whether we will collectively continue to ignore the deplorable conditions of an increasing proportion of our citizens

(3) Programs for the unemployed.—Extension of UCB coverage is essential. Our ADC caseload charts in Michigan show large and distinct increases when extended benefits are lost. For every 20,000 who exhaust benefits, 2,000 are added to public assistance roles Equally important is health care coverage during this time when stress-related illness may be highest. Youth employment opportunities and training and employment programs for single parent women with wages and benefits to support a family must be a priority.

(4) Services to families.—Federal funds for services to families have been cut through the sleight-of-hand known as "block grants." Restorations and increases in Federal suppport for day care are especially critical, as are family services such as money management, homemaker training, parenting skill training, family planning and teenage pregnancy. So too is a new and creative approach to child support since the present system was not designed for the number of single parent cases that currently exists and grows daily.

(5) Disincentive to work.—Current policies provide inadequately for the initial investment and increased costs incurred by moving from public assistance to self sufficiency. The simultaneous and cumulative loss of benefits such as day care, food stamps and especially medicaid, to take a low-wage, no benefit, dead end job makes the proposition of working too risky for a parent with dependent children to eagerly embrace.

(6) Budget priorities.—The agenda suggested can only be supported if perspective is achieved at the Federal level on the importance for both humanitarian and sound domestic policy as well as reasonable national security. For, if we betray the promise of our country ideals to a large and growing portion of our own population, we have done more to harm ourselves than any external foe could hope to achieve. The blessings of life and liberty are promised to all our citizens, not just those who can afford their current high price. And, as public servants, it is our mutual responsibility to continue to advocate for the needs of our families and children--those who cannot be here today to speak on their own behalf.

STATEMENT OF MARTHA BALLOU, SPECIAL ASSISTANT FOR POLICY ANALYSIS, DEPARTMENT OF AGRICULTURE

Ms BALLOU. I want to talk about hunger this morning and about the fact that people are going hungry in a State and in a nation that feeds the world but is not feeding its own people.

Economists tell us that the worst part of the recession is over—but the worst is not over for those people who do not have jobs. I do not want you to leave this hearing thinking that hunger is a result only of this recession. It is a persistent, pervasive, and even chronic problem that has reached the new poor and the headlines. Because of the recession, we all are learning what the old poor have always known—that hunger exists today and will continue to

exist after these hearings because government lacks the will to end it.

Current Federal policies have drastically cut the number of people eligible for help and reduced the amount of aid those who qualify receive. Let me show you some examples of how public and private efforts try to feed Minnesota's hungry and how the cutbacks in Federal programs have made that far more difficult.

In January 1983, we had 217,000 unemployed in Minnesota. Right now 160,500 are still out of work. On the Iron Range there are 15,000 steelworkers. Only 1,500 of them have jobs.

The Federal surplus commodities distribution program estimates that there are nearly 1 million people (974,610) in this State who qualify for their program—nearly 1 million people who are likely to need food or financial assistance in order to maintain an adequate, balanced diet. What are we doing for these people?

Food stamps reaches only one-fourth of them and is able to give each one an average of $35.54 for a month's food.

Federal surplus commodities reaches one-half of them but can give them less than 2 pounds of food each month. We estimate that in order to feed those in need in Minnesota, we need between 5 and 7 million pounds of food each month. Commodities used to deliver nearly 3 million pounds. It has been cut by two-thirds.

School lunch programs feed 410,000 schoolchildren every school day. In 1983, when the Federal cutbacks forced an increase in the price of school lunch, 16 percent of the people had to drop out.

Because of current funding levels, WIC estimates that it can only reach half of the people who need their service. It still has nearly 1,000 people on their waiting list.

Congregate dining meals for seniors could serve the 650,000 people eligible. With current funding, they reach only 15 percent of that.

In the face of these cutbacks in Federal aid, churches, foundations, and corporations launched a massive campaign to feed and shelter people in need. Minnesota has one of the best administrated and most extensive donated food networks in the country. It has privately raised millions of dollars to deal with this emergency. Because of Federal cutbacks, the numbers of people served by food shelves and soup kitchens has doubled in the last year. Still, it can only feed 55,140 people each month, between 5 and 10 percent of those who need help.

While the numbers of people seeking their help is growing, the food and dollars available to help is remaining constant. Even the donated food system cannot keep up with demand. Food shelves have been running low on donations all summer. The Iron Range is two truckloads of food away from having empty food shelves.

It is a myth at best and a cruel joke at worst to say to hungry people that the private sector can take care of their needs. They cannot. The dollars simply are not there. It is time for Congress to direct the Federal Government to reassume its role in guaranteeing that no one will go hungry.

What we see here in Minnesota is a long, slow depletion of unemployed people's resources. We simply do not reach enough people and we do not give them enough food. The long-term impact of those policies is now beginning to be seen. The St. Paul Ramsey

nutrition program, in cooperation with the Center for Disease Control, has tested preschool children for nutritional deficiencies for the last 5 years. Of the 1,100 to 3,000 children they screen each year, they make the following trends: A decrease in overweight, a significant increase in the underweight, a lower intake of vitamins A and C, and calcium combined with a doubling of the intake of empty calories.

The impact of these deficiencies over the long run have led to a doubling of the number of short statured children and a tripling of the number of those underweight. There are other indications: The food shelves in Duluth are telling us that they are beginning to get referrals from doctors who are seeing malnutrition.

Commonsense tells us that you cannot continue to short-change people on food and nutrition without creating longer term health problems.

Let me make some suggestions for what Congress can do to help:

First, support the resolution to create a congressional commission on hunger, we need to reassess the nature and extent of hunger nationally, and to adjust our policies and strategies so that we can end hunger in this country.

Second, create jobs for people. People need jobs, not cheese. Although we will settle for cheese until jobs arrive.

Third, redirect the policies of USDA to reexamine eligibility standards and dollar allowances to the food stamp program. Food stamps are our most efficient and dignified way to feed our people.

Fourth, expand the amount of food released by USDA in surplus commodities. Send 5 to 7 million pounds each month to Minnesota.

Fifth, expand funding for WIC, congregate dining, and school lunch programs.

Sixth, financially support the permanent establishment of a donated food delivery system as a whole in solving the national problem.

[The following is a statement made by an Iron Range worker that was tape-recorded and presented.]

I would like to say a few words on behalf of the unemployed Iron Range worker and in behalf of AEOA.

I have been unemployed for 2½ years. I am married and have three children. The AEOA—the local CAP agency—has helped my wife and my family and myself in many different ways by providing extra insulation for our house, by providing the monthly dairy giveaway, and also provides the food stamp donations. And also, most of the people we know that are unemployed have participated in AEOA and are very thankful for this, and there is thought that this might be cut back or cut out. I think that would be a great mistake.

We are people up here with a great deal of pride and we work and pay our taxes. We love America and this is very hard for us to swallow our pride and to accept the help we get, and we feel we have no choice but to take this and can hardly wait for the time we will be able to put back into these programs when we are all back working.

Unemployment is so prominent in the area, one time when I was getting gas I was talking to a fellow and he asked me if I was employed. He didn't ask me where I was employed, yet he asked me if

I was employed. It's as common as the weather up here to talk about the unemployed situation. Most of the people that I know are unemployed in this area, and I would urge you to give great thought before cutting back or cutting out the AEOA as it has provided for myself, my wife, and my three children and many of the families we know.

Thank you.

[Prepared statement of Martha Ballou follows:]

PREPARED STATEMENT OF MARTHA BALLOU, FORMER DIRECTOR, GOVERNOR'S TASK FORCE ON EMERGENCY FOOD AND SHELTER

I want to talk about hunger this morning and about the fact that people are going hungry in a state and in a nation that feeds the world but is not feeding its own people.

Economists tell us that the worst part of the recession is over—but the worst is not over for those people who do not have jobs. I do not want you to leave this hearing thinking that hunger is a result only of this recession. It is a persistent, pervasive, and even chronic problem that has reached the "new poor" and the headlines. Because of the recession, we all are learning what the "old poor" have always known – that hunger exists today and will continue to exist after these hearings because government lacks the will to end it.

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Federal Surplus Commodities reaches one-half of them but can give them less than two pounds of food each month. We estimate that in order to feed those in need in Minnesota, we need between five and seven million pounds of food each month. Commodities used to deliver nearly three million pounds. It has been cut by two-thirds.

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Congregate Dining meals for seniors could serve the 650,000 people eligible. With current funding, they reach only 15 percent of that.

In the face of these cutbacks in federal aid, churches, foundations, and corporations launched a massive campaign to feed and shelter people in need. Minnesota has one of the best administrated and most extensive donated food networks in the country. It has privately raised millions of dollars to deal with this emergency. Because of federal cutbacks, the numbers of people served by food shelves and soup kitchens has doubled in the last year. Still, it can only feed 55,140 people each month. While the numbers of people seeking their help is growing, the food and dollars available to help is remaining constant. Even the donated food system cannot keep up with demand. Food shelves have been running low on donations all summer. The Iron Range is two truckloads of food away from having empty food shelves.

It is a myth at best and a cruel joke at worst to say to hungry people that the private sector can take care of their needs. They cannot. The dollars simply are not there. It is time for Congress to direct the federal government to reassume its role in guaranteeing that no one will go hungry.

What we see here in Minnesota is a long, slow depletion of unemployed people's resources. We simply do not reach enough people and we do not give them enough food. The long term impact of those policies is now beginning to be seen. The St

Paul Ramsey Nutrition Program, in cooperation with the Center for Disease Control, has tested preschool children for nutritional deficiencies for the last five years. Of the 1,100 to 3,000 children they screen each year, they make the following trends: A decrease in overweight; a significant increase in the underweight; and a lower intake of vitamins A and C and calcium combined with a doubling of the intake of empty calories.

The impact of these deficiencies over the long run have led to a doubling of the number of short stature children and a tripling of the number of those underweight. These are other indications: the food shelves in Duluth are telling us that they are beginning to get referrals from doctors who are seeing malnutrition.

Common sense tells us that you cannot continue to short-change people on food and nutrition without creating longer term health problems.

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(2) Create jobs for people. People need jobs not cheese.

(3) Redirect the policies of USDA to reexamine eligibility standards and dollar allowances to the Food Stamp Program. Food stamps are our most efficient and dignified way to feed our people.

(4) Expand the amount of food released by USDA in surplus commodities. Send five to seven million pounds each month to Minnesota.

(5) Expand funding for WIC, congregate dining, and school lunch programs.

(6) Financially support the permanent establishment of a donated food delivery system so that we can continue to tap the community as a whole in solving the national problem.

POUNDS OF FOOD NEEDED TO FEED MINNESOTA'S HUNGRY

Eligible	Million pounds per month	For a 1-day food supply		Million pounds per year	
		For a 5 day food supply	For a 10-day food supply	For a 5-day food supply	For a 10-day food supply
100 percent (974 610)	2,436,525	12 2	24 3	146.3	291 6
75 percent (730 957)	1,827,393	9 2	18 3	110.4	219.6
60 percent (584,766)	1,461.915	7 3	14.6	87.6	175 2
50 percent (487,305)	121,826	6.1	12.2	73.2	146 4

The Commodities Program is currently delivering about 1.1 million pounds of food to about 60 percent of those eligible. Of those 577,756 people, each one is getting an average of 1.9 pounds of food per distribution.

TRENDS IN FEEDING HUNGRY PEOPLE

If close to 1 million people need some form of food or financial assistance, we are probably meeting only about one-half to one-third of that need.

Because of federal cutbacks in appropriations and tightening of eligibility standards, public programs that could feed more people are unable to do so.

Every single feeding program, with the exception of those whose budgets were cut, increased dramatically over the last five years. Private feeding programs are not able to make up the difference for people who are no longer eligible for federal programs. Minnesota has one of the finest privately run donated-food systems in the country, yet it can feed only 55,140 people each month.

Public programs are unable to provide basic diets or adequate supplements.

Food stamps worth $35 per person will not buy an adequate diet—even 65 percent of an adequate diet.

Surplus commodities at 1.9 pounds per person per month feeds that person for less than one day.

One school lunch each day is good for school days. What happens on weekends, holidays and summer vacations?

WIC vouchers buy $26 50 worth of food each month. Because of underfunding and erratic funding the program can only meet the needs of half of the people who are eligible.

No program reaches everyone in need, and most reach somewhere between one-half and one-third.

Some Indications of Growing Malnutrition in Minnesota [1]

St. Paul Ramsey County Nutrition Program is cooperating with the Center for Disease Control monitoring overweight and underweight children.

The following statistics outline the growing impact of nutritional deficiencies. In 1982: Overweight—4 percent of the new entry WIC participants were overweight compared to 7.2 percent of the continuing clients. Underweight—4.2 percent of the new WIC clients were underweight, while 3.6 percent of the continuing clients were underweight.

Preschool Screening.—St. Paul Ramsey County Nutrition Program conducts preschool screening for 1100–3000 children annually in conjunction with participating school districts. Health personnel evaluate children for their nutritional risk.

The following tables indicate the decrease in intake of vitamins needed for growth and the increase of empty-calorie intake:

(In percent)

Year	Overweight pre schoolers	Under weight pre schoolers	Low vitamin A intake (vegetables)	Low vitamin C intake (fruits)	Low calcium intake (dairy products)	Empty calorie intake (junk food)
1979	3.9	1.5	22.6	5.4	17.6	4.4
1980	4.8	1.4	21.6	12.1	14.1	12.3
1981	2.7	0.6	26.1	11.3	13.3	15.3
1982	5.1	0.9	22.6	18.6	23.4	22.6
1983	4.6	3.1	28.0	27.5	37.8	51.8

The impact of these deficiencies, over the long run, can be seen in the following table on preschoolers' height and weight:

(In percent)

Year	Short stature	Under weight
1979		1.5
1980	2.0	1.4
1981	2.2	0.6
1982	2.2	0.9
1983	4.5	3.1

Average Unduplicated Number of People Being Fed by Public and Private Efforts in Minnesota, 1983

PUBLIC

Food stamps—236,316 (monthly) at $35.54 purchasing power person
Surplus commodities—577,756 (monthly) at 19 pounds
School lunch—410,000 (daily) for one meal.
WIC—51,242 (monthly) for one food product—$26.50
Congregate dining and home delivered meals—97,000 (monthly) for one meal

PRIVATE

Food shelves—31,630 (monthly) at 3 day food supply
Soup kitchens—23,510 (monthly) at one daily meal.

[1] Source: St. Paul Ramsey County Nutrition Program

FOOD STAMP USAGE—HOUSEHOLDS/DOLLAR VALUE

Month	Households participating	Number of people served	Dollar value of stamps used (millions)	Food stamps (dollars per person)
1982				
March	77,339	211,135	7.1	$33.63
October	82,260	224,569	8.3	36 96
November	84,237	229,967	8.4	36.53
December	86,808	236,985	8.9	37.55
1983:				
January	90,231	246,330	9.2	37.35
February	91,366	249,429	9.0	36.08
March	92.355	252,129	9 1	36.09
April	92,167	251,615	8 8	34.97
May	89.580	243,657	8.5	34.88
June	88,151	240,652	8.6	35.76
July	86,007	234,799	8.2	34.92
August	86,560	236,308	8.1	34.28

NUMBER OF MINNESOTA HOUSEHOLDS AND INDIVIDUALS SERVED BY FEDERAL COMMODITIES DISTRIBUTION

Month	Number of households served	Number of people served	Number pounds delivered
1982			
March	139.902	377,735	708,120
October	197.498	533,245	3.484,332
December	18,400	49,680	199,104
1983			
January	25,440	68.688	282,078
February	47,698	128.785	845,910
March	190 693	520.591	1,985,610
April	214.888	586,644	2,317,482
May	189.432	517.149	1,848,646
June	199.582	544,858	1,354,482
July	148.728	406,027	1.009,104
August	187,630	512.229	1.1 336
September	211.630	577.749	1,093,816

Note Discounting the January and February limited distributions 577,756 people are served each month by the surplus commodities program
Source Commodities Distribution Program Dept of Economic Security

IN-SCHOOL FEEDING PROGRAMS

Year	School lunch (average daily number)	School breakfast	Child care food program
1980	527,029		
1981	517 452		
1982	435,000		
1983	410,000	410.000	37,500

Note The impact of budget cuts on the school lunch program cut the program s use by 16 percent
Source Minnesota State Department of Education Child Nutrition Program

Use of WIC program 1979-83—Average monthly number of participants

Year:	
1979	20,328
1980	26,192
1981	37,333

Use of WIC program 1979–83 Average monthly number of participants—Continued

1982	38,761
1983 (to date)	[1] 51,242

[1] 974 are currently on the waiting list

Note: WIC estimates that 102,201 people are eligible for their program. They are meeting half that estimated need. They are not able to reach all of the people eligible because the dollars are not there.

Source: Minnesota Department of Health WIC Program.

Home delivered meals and congregate dining meals—Annual unduplicated number of people receiving congregate dining and home delivered meals

Year	
1979	75,600
1980	
1981	85,000
1982	93,000
1983	97,000

Note: Program site expansion was hampered in 1980 and 1981 by fears of federal cuts in funding. The number of people eligible is 650,000. Of those, 78,000 are poverty level or below. In addition to the low income people, there are 50,000 to 60,000 who are believed to be at 125 percent of poverty.

Source: Minnesota Board on Aging Nutrition Specialist.

NUMBERS OF HOUSEHOLDS RECEIVING FOOD FROM FOOD SHELVES IN MINNESOTA

	Anoka	Dakota	Scott Carver	Washington	Ramsey	Hennepin	Metro area totals	Duluth	Iron Range [1]
						16 shelves			
1979 total				..	(3,039)	(19,038)	22,077		
1980 total					(3,438)	(22,147)	25,585		
1981 total					(3,686)	(27,902)	31,588		
1982 total	2,602	1,010	420	300	14,507	56,237	75,070	3,785	
1982 monthly average	217	83	35	25	1,209	4,686	6,255	315	
1983:									
January	238	161	63	70	1,800	6,064	8,446	629	883
February	200	225	88	75	1,415	5,844	7,818	673	1,216
March	[illegible]	211	107	100	1,611	7,412	9,724	943	1,933
April	[illegible]	232	[illegible]	42	1,179	6,079	7,812	877	1,512
May	[illegible]	156	[illegible]	71	1,043	6,548	8,073	704	1,601
June	281	[illegible]	91	50	1,940	6,853	9,303	757	1,501
July	254	[illegible]	108	76	1,596	6,592	8,721	787	1,515
August								862	
1983 total to date	[illegible]	1,196	609	484	10,581	45,332	59,938	6,232	15,705
1983 monthly average	[illegible]	205	87	69	1,512	6,476	8,563	779	2,244
Total [illegible]	[illegible]	2,336	1,129	784	25,093	131,569	135,008	10,026	[illegible]

[illegible]

[illegible]

NUMBER OF MEALS SERVED IN SOUP KITCHENS 1982–83

	[illegible]	[illegible]
January	[illegible]	
February	[illegible]	
March	8,745	[illegible]
April	10,815	[illegible]
May	[illegible]	[illegible]
June	[illegible]	[illegible]
July	12,340	2,875
August	13,548	3,937

Date	Metro area	Duluth
September	12,334	3,094
October	10,479	3,295
November	10,381	2,787
December	10,845	3,337
Total for 1982	115,715	28,441
Average per month for 1982	9,643	2,844
1983		
January	12,559	3,627
February	13,799	3,428
March	19,396	4,135
April	19,943	4,289
May	20,744	4,029
June	23,023	4,133
July	23,079	4,423
August	23,002	4,469
Total for 1983 (to date)	155,545	32,533
Average per month (1983)	19,443	4,067
Program total 1982 83	271,260	60,974

[1] One-half month

Sources: Metro area—Loaves and Fishes; Duluth—Soup kitchen

ANNUAL AVERAGE UNEMPLOYMENT RATE IN MINNESOTA

Area	1980	Percent	1981	Percent	1982	Percent	1983	Percent
State	125,000	5 9	119,000	5.5	169,000	7.8	215.700	10.3
Metro	50,200	4 5	51,300	4 4	74,300	6 4	.	.
Range	15,265	10.3	13,220	9 0	25,276	17.0	9',300	8.0

STATEMENT OF LYNN SHAFER, ADMINISTRATIVE DIRECTOR, WARM WORLD CHILD DEVELOPMENT CENTER, STILLWATER, MINN.

Ms. SHAFER. I am Lynn Shafer, administrative director of Warm World Child Development Center, Stillwater, Minn., a child-care facility licensed for 140 children from ages 6 weeks to 12 years.

As a day-care director and member of the Board of Family Service of St. Croix Area and the Washington County Social Service Advisory Board, I am extremely concerned about strengthening the visibility of children's issues and, therefore, appreciate the opportunity to testify before this committee.

As Warm World begins its 10th year, I am becoming increasingly concerned with recent trends we are experiencing in our own program and with our families, especially in the past 4 years. Is adequate, much less quality, day-care affordable only for the affluent or the dual-income family?

Four years ago, over 40 percent of Warm World's children were from single-parent homes; today only 13 percent are single-parent children. If the divorce and unmarried parent rate were down we'd say "Hurrah, families are staying together." But it's not. Instead, those parents are being forced to make informal or marginal day-care arrangements. Or, worse yet, none at all.

Washington County Social Services report an increase in unsupervised children reports, which must be investigated by their child protection department as child neglect for all children under 12 years of age, at a considerable cost of caseworkers' time.

Parents receiving AFDC moneys cannot afford quality child care. Their AFDC child-care maximum of $160 monthly is only $7.21 per day. Warm World's preschool age tuition is $12 daily, or $15 per day for an infant. If they were to use center care the remaining $5 to $8 daily would have to be squeezed from food, clothing, and shelter budgets.

Infant care is expensive. Tuition necessary to cover the cost for the State-required, 1-to-4 children-per-teacher ratio is prohibitive for many dual-income families, much less single-parent homes. Because of high tuition costs, in 1980 Warm World received a Child Care Facilities Act grant to provide sliding-fee moneys for the infant center. During that time the center operated at capacity with 25 percent being single-parent families. However, since the Community Social Service Act block grant meant the demise of CCFA moneys, we frequently operate below capacity and have no single-parent children in the infant center.

The folding of child-care moneys into CSSA block grants, along with inadequate title XX funding has severely affected Warm World families. The Toy Lending Library was just one cutback due to loss of CCFA funds and was minor compared to the loss of day-care moneys at the county level. Due to repeated budget cuts at Washington County, day-care moneys have decreased by 13 percent since 1980 at a time when inflation increased costs of operation. The necessary cap put on the daily child-care allowance for sliding-fee, non-WIN, and working poor doesn't begin to cover center care costs for eligible parents.

More important is the loss of child-care funds for child protection. We must change the concept that day-care is an alternative for only employed parents. Day-care becomes a treatment resources and support system for potentially abusive or dysfunctional families providing temporary care in crisis situations. Often this temporary care prevents the need for higher cost institutional care in the future.

Prior to mid-1982, families needing such care were allotted full payment for as long as necessary to complete the treatment plan. Currently in Washington County there is a 3-month cap on the length of care, as well as a ceiling on the daily allowance, all of which require that the dysfunctional family bear costs of temporary crisis care, when indeed the crisis itself may have had its roots in financial problems.

The cutback and potential loss of sliding-fee moneys means that only 10 children in Washington County are currently being served. These families will receive funds through June 1984. However, no new applications will be accepted even as replacements should one of the present families become ineligible.

Finally, I am extremely concerned with the child nutrition program. After 6 years of receiving a monthly refund equal to about one-fourth of the total food costs of our program, we were forced to leave the program due to a continually increasing burden of feder-

ally required paperwork which eroded its cost effectiveness and undermined the basic goals of the child nutrition program.

Good nutrition programs are imperative for our children, but when more administrative and teaching time is spent in maintaining records and verifying parent income than in teaching proper nutrition curriculum and providing well-balanced meals, the goals of the program are sidetracked by maintenance of the program. Unfortunately for Warm World's parents, the increased food costs will have to be reflected in higher tuition.

The bonus commodity program is commendable. Administrative paperwork has been kept to a minimum; transfer of commodities to centers has been efficient and dependable. Cheese has become a daily staple at Warm World.

There is not a single programmatic answer to the crisis of child care. Nor should the public be the solid provider. We need to work for changes in corporate policies and benefits to stimulate the private conscience regarding child-care needs and issues, the primary one being the continuing gap between men's and women's wages. Presently, child-care professionals are the funders for their own programs by working for minimal wages and few benefits in an effort to subsidize a system which cannot support itself if quality child-care standards are to be met.

We need to blend these private and public sectors together to fight for the basic entitlements that sustain children everywhere, for they are our most valuable resource and our future.

[Prepared statement of Lynn Shafer follows:]

PREPARED STATEMENT OF LYNN SHAFER, ADMINISTRATIVE DIRECTOR, WARM WORLD CHILD DEVELOPMENT CENTER, STILLWATER, MINN.

Congressman Miller, and members of the Select Committee on Children, Youth, and Families: I am Lynn Shafer, Administrative Director of Warm World Child Development Center, Stillwater, Minnesota, a childcare facility licensed for 140 children from ages 6 weeks to 12 years. As a daycare director and member of the Board of Family Service of St. Croix Area and the Washington County Social Service Advisory Board, I am extremely concerned about strengthening the visibility of children's issues and therefore appreciate the opportunity to testify before this committee.

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STATEMENT OF NORBY BLAKE, INDIAN CHILD WELFARE ACT LEGISLATIVE COMMITTEE, MINNESOTA

Ms. BLAKE. My name is Norby Blake. I am the director of the family health program of Fairview Deaconess Hospital in south central Minneapolis. As part of our work, we are always concerned with the problem of children being removed from their homes and becoming lost within the foster care and adoptive system.

This problem is especially great for Indian children who often are lost not only from their families, but from their national culture, as well. These losses result in children who are sad and angry, caught between an Indian culture they do not understand and a white culture which will not accept them completely.

I am speaking to you today as a representative of the Indian Child Welfare Act Legislative Committee of the Indian Affairs Council. The Indian Affairs Council is an organization which represents all Indians of Minnesota.

Its board of directors includes representatives from all the Minnesota tribes, the urban areas, and Minnesota, Legislature.

The Indian Child Welfare Act Legislative Committee met for the first time on September 14, 1983. On that day, Indian child advocates from all over the State met for the purpose of exchanging experiences and seeking agreement on what must be done to improve the lives of our children.

We passed a number of resolutions at that meeting which we hope will become law at the next session of the Minnesota Legislature. During my talk to you today I will be sharing with you the thrust of some of the resolutions which address problems you can resolve.

The Federal Indian Child Welfare Act was passed in 1978 to establish standards for the placement of Indian children in foster or adoptive homes and to prevent the breakup of Indian families.

The act provides, in its most significant aspects, for Indian tribal involvement in decisions about our children. The involvement can be through tribal courts or through active participation in the State courts which are making child custody decisions.

The act requires that the children's tribes be notified of the pendency of the proceedings and their right to participate in the proceedings. The act was passed in recognition that Indian children are too often taken away by social service systems and courts and placed in foster homes.

We believe the passage of the act has done much to begin to alert non-Indian people to this problem. But it has not been enough to correct the problem.

In order for you to understand this, it is necessary that you know one basic fact. If you are an Indian child in Minnesota, it is eight times more likely that you will be out of your home and in some form of adoptive or foster care than if you are a white child.

This figure is provided to us by a survey done in 1981 by the Minnesota League of Women Voters. This horrible figure represents an improvement over 1972, when the per-population ratio of Indian children to white children in foster care was 16 to 1, but that improvement is of little comfort for the Indian family whose child is gone.

Not only are Indian children overrepresented in foster home placements, they also appear to be under-represented in social improvement services. If you are an Indian child who is in foster care in Hennepin County, the most populous and perhaps wealthiest county in Minnesota, your future with your family is much less certain than it would be if you were white: the social worker who has been assigned to your family and to your case will not, if you are an Indian child, have completed your "placement plan" as fast as he or she would have completed the plan for a white child; he or she will not, if you are an Indian child, have had signed by your parents a "temporary placement agreement" as often or as soon as he or she would have if you were a white child.

Even if your parents are being assisted by the social workers of Hennepin County to visit you, you will be still three times as likely not to receive a visit from them as you would if you were a white child.

These figures are derived from statistics kept by the Hennepin County Community Services Department and published in May of 1983. Our committee is aware of the situation of an Indian child who was ordered by a Hennepin County judge to be placed in the first available Indian foster home.

The judge made his order in January of 1983; that child has been No. 1 on the placement list ever since; he has still not been placed in an Indian home.

If Hennepin County, which appears to be attempting to address these problems and which has large financial resources, is having such difficulty helping Indian families, what must be the situation in the poorer counties.

Why are these facts true? Why do social service agencies and courts continue to take Native American children from their homes at a vastly higher rate than white children?

Why, once they are taken, is there less success in providing the social services they need than is provided white children? I will try to provide one answer to these problems at the end of my talk.

We of the Indian Child Welfare Act Legislative Committee believe that the authors of the act, one of whom sits as Chair of this committee, had honest and heartfelt hopes that the passage of the act 6 years ago would have done more by this time to improve the lot of the Indian family.

We must respectfully say that the act is not enough to solve the problems of Indian families and social service agencies that we see every day.

First, the passage of the act has not been enough to guarantee its implementation. Workers in the Indian Child Welfare Act field in Minnesota learn time and time again that the judges who determine our children's futures, the social workers who work with our families, and even the lawyers who represent us in court are more often than not ignorant of the existence of the act.

There is no central State repository of court records concerning the placement of Indian children, as required by the act, which evidences the attempts of the courts to follow in their placements of Indian children the order of preference created by the children's tribes.

There has been little or no attempt by the State courts to report to the Secretary of the Interior the information required by the act concerning the identity and tribal affiliation of adopted Indian children so that these children may regain their heritage when they reach adulthood.

There is not, in general, a level of knowledge in Minnesota of the importance of this law which is equal to the concerns felt by Minnesota native Americans about their children's futures.

These are problems which must be resolved within Minnesota and our committee is facing them.

But there are problems with the Federal law as it now exists which we feel are your responsibility to change. There is, of course, not enough money to implement, monitor, or enforce the act.

At the very least, we need money which will enable us to form organizations of rural and urban Indians to monitor the courts, recruit and license foster homes, provide Indian culturally based social services, and coordinate the knowledge that is now spread throughout the reservations and urban areas of the State.

The Humphrey Institute at the University of Minnesota has done a study which shows that to the degree that native American organizations are involved in the foster care of their children, the length of foster care decreases.

We need money to help organize and run the tribal courts and social services which must some day take over the entire function of Indian child replacements.

We also need changes in the act which will not require the expenditure of Federal money. We need a clarification in the act of the requirement that the tribes be notified of subsequent movements of Indian children to new foster homes once the initial placement has been made.

We need some statement in the law that the data privacy acts of the States may not be used as a shield to prevent tribes from finding out the fate not only of the child whose name they know, as is now the case, but also of any Indian child from the tribe who has been lost in the foster care system.

We need some enforcement by the Federal Government, perhaps through the cutoff of Federal funds, against those States which remain out of compliance with the act.

There are many other areas of the law which we would like to have changed, and we will forward our final committee report to you when we have completed it.

I want to leave you, however, with a partial answer to those problems I described earlier about the over-representation of indian children in foster care and their under-representation in effective social services.

The answer will require the expenditure of no Federal funds but does require a change in the law of when the tribe is notified of the problems being experienced by the Indian family. Right now, the act requires that the tribe be notified only when a court proceeding is about to be held which will result in the involuntary taking of a child.

By this point, in Minnesota, it is often already too late. It is possible at this point that the child will have been out of the family and in foster care for as long as 18 months on a voluntary, temporary basis.

This marks 18 months during which the tribe could have been involved, providing culturally based social services or at the very least the names of the extended family members who could be caring for the child.

The decision made at the beginning of that 18 months by parents who are often experiencing severe social problems is made only with the help of the county social worker, with no input from the tribe. The social services that are provided during those 18 months are limited by the county's resources and lack of knowledge of Indian ways.

Under the act, as it now exists, a valuable resource which could save that family is ignored for a long-enough period that it is often

too late when it is finally summoned. We ask that the act be amended to provide for tribal notice and input at the point at which that social service agency takes the child on a voluntary, temporary basis.

It has been our finding that to the degree that the tribe is involved and to the degree that that involvement comes early enough to have an effect, the Indian family can be saved.

Thank you.

[Prepared statement of Norby Blake follows:]

PREPARED STATEMENT OF NORBY BLAKE, DIRECTOR OF THE FAMILY HEALTH PROGRAM OF FAIRFIELD DEACONESS HOSPITAL IN SOUTH CENTRAL MINNEAPOLIS

My name is Norby Blake. I am the Director of the Family Health Program of Fairview Deaconess Hospital i.. south central Minneapolis. As a part of our work, we are always concerned with the problem of children being removed from their homes and becoming lost within the foster care and adoptive system. This problem is especially great for Indian children, who often are lost not only from their families but from their national culture as well. These losses result in children who are sad and angry, caught between an Indian culture they do not understand and a white culture which will not accept them completely.

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The federal Indian Child Welfare Act was passed in 1978 "to establish standards for the placement of Indian children in foster or adoptive homes (and) to prevent the breakup of Indian families." The Act provides, in its most significant aspects, for Indian tribal involvement in decisions about our children. The involvement can be through tribal courts or through active participation in the state courts which are making child custody decisions. The Act requires that the children's tribes be notified of the pendancy of the proceedings and their right to participate in the proceedings. The Act was passed in recognition that Indian children are too often taken away by social service systems and courts and placed in foster homes.

We believe the passage of the Act has done much to begin to alert non-Indian people to this problem. But it has not been enough to correct the problem. In order for you to understand this, it is necessary that you know one, basic fact: if you are an Indian child in Minnesota, it is eight times more likely that you will be out of your home and in some form of adoptive or foster care than if you are a white child. This figure is provided to us by a survey done in 1981 by the Minnesota League of Women voters. This horrible figure represents an improvement over 1972, when the perpopulation ratio of Indian children to white children in foster care was 16 to one, but that improvement is of little comfort for the Indian family whose child is gone.

Not only are Indian children overrepresented in foster home placements, they also appear to be underrepresented in social improvement services. If you are an Indian child who is in foster care in Hennepin County, the most populous and perhaps wealthiest county in Minnesota, your future with your family is much less certain than it would be if you were white: the social worker who has been assigned to your family and to your case will not, if you are an Indian child, have completed your "placement plan" as fast as s/he would have completed the plan for a white child; s/he will not, if you are an Indian child, have had signed by your parent a "temporary placement agreement" as often or as soon as s/he would have if you were a white child. Even if your parents are being assisted by the social workers of Hennepin County to visit you, you will be still three times as likely not to receive a visit from them as you would if you were a white child. These figures are derived from statistics kept by the Hennepin County Community Services Department and published in May of 1983. Our committee is aware of the situation of an Indian

child who was ordered by a Hennepin County judge to be placed in the first available Indian foster home. The judge made his order in January of 1983; that child has been number one on the placement list ever since; he has still not been placed in an Indian home.

If Hennepin County, which appears to be attempting to address these problems and which has large financial resources, is having such difficulty helping Indian families, what must be the situation in the poorer counties?

Why are these facts true? Why do social service agencies and courts continue to take Native American children from their homes at a vastly higher rate than white children? Why, once they are taken, is there less success in providing the social services they need than is provided white children? I will try to provide one answer to these problems at the end of my talk.

We of the Indian Child Welfare Act Legislative Committee believe that the authors of the Act, one of whom sits as chair of this committee, had honest and heartfelt hopes that the passage of the Act six years ago would have done more by this time to improve the lot of the Indian family.

We must respectfully say that the Act is not enough to solve the problems of Indian families and social service agencies that we see every day.

First, the passage of the Act has not been enough to guarantee its implementation. Workers in the Indian Child Welfare Act field in Minnesota learn time and time again that the judges who determine our children's future, the social workers who work with our families, and even the lawyers who represent us in court, are more often than not ignorant of the existence of the Act. There is no central state repository of court records concerning the placement of Indian children, as required by the Act, which evidences the attempts of the courts to follow in their placements of Indian children the order of preference created by the children's tribes. There has been little or no attempt by the state courts to report to the Secretary of the Interior the information required by the Act concerning the identity and tribal affiliation of adopted Indian children so that these children may regain their heritage when they reach adulthood. There is not, in general, a level of knowledge in Minnesota of the importance of this law which is equal to the concerns felt by Minnesota Native Americans about their children's futures.

These are problems which must be resolved within Minnesota and our committee is facing them.

But there are problems with the federal law as it now exists which we feel are your responsibility to change. There is, of course, not enough money to implement, monitor or enforce the Act. At the very least, we need money which will enable us to form organizations of rural and urban Indians to monitor the courts, recruit and license foster homes, provide Indian culturally based social services, and coordinate the knowledge that is now spread throughout the reservations and urban areas of the state. The Humphrey Institute at the University of Minnesota has done a study which shows that to the degree that Native American organizations are involved in the foster care of their children, the length of foster care decreases. We need money to help organize and run the tribal courts and social services which must someday take over the entire function of Indian child placements.

We also need changes in the Act which will not require the expenditure of federal money. We need a clarification in the Act of the requirement that the tribes be notified of subsequent movements of Indian children to new foster homes once the initial placement has been made. We need some statement in the law that the data privacy acts of the states may not be used as a shield to prevent tribes from finding out the fate, not only of the child whose name they know, as is now the case, but also of any Indian child from the tribe who has been lost in the foster care system. We need some enforcement by the federal government, perhaps through the cutoff of federal funds, against those states which remain out of compliance with the Act.

There are many other areas of the law which we would like to have changed, and we will forward our final committee report to you when we have completed it.

I want to leave you, however, with a partial answer to those problems I described earlier about the overrepresentation of Indian children in foster care and their underrepresentation in effective social services. The answer will require the expenditure of no federal funds but does require a change in the law of when the tribe is notified of the problems being experienced by the Indian family. Right now, the Act requires that the tribe be notified only when a court proceeding is about to being which will result in the involuntary taking of a child. By this point, in Minnesota, it is often, already, too late. It is possible, at this point, that the child will have been out of the family and in foster care for as long as eighteen months on a "voluntary, temporary" basis. This marks eighteen months during which the tribe could have been involved, providing culturally based social services or at the very least the

names of extended family members who could be caring for the child. The decision made at the beginning of that eighteen months by parents who are often experiencing severe social problems is made only with the help of the county social worker, with no input from the tribe. The social services that are provided during those eighteen months are limited by the county's resources and lack of knowledge of Indian ways. Under the Act, as it now exists, a valuable resource which could save that family is ignored for a long enough period that it is often too late when it is finally summoned. We ask that the Act be amended to provide for tribal notice and input at the point at which that social service agency takes the child on a voluntary, temporary basis.

It has been our finding that to the degree that the tribe is involved and to the degree that that involvement comes early enough to have an effect, the Indian family can be saved.

Thank you.

STATEMENT OF STEVEN BELTON, PRESIDENT, URBAN COALITION OF MINNEAPOLIS

Mr. BELTON. Good morning, Mr. Chairman, and members of the select committee. My name is Steven Belton and I am President and chief executive officer of the Urban Coalition of Minneapolis.

The information and position I will share with you this morning is a product of my previous employment—in fact, only 2 weeks ago—as executive director of the Council on Black Minnesotans, a State agency which performs public policy research and advocacy on issues affecting Minnesota's 53,000 black citizens.

The topic of my brief presentation is that of problems and public policy concerning the adoption and foster-care placement of black children in Minnesota.

The problem: disproportionate transracial adoption and foster care of black children.

In State fiscal year 1981, there were 2,186 adoption decrees granted in Minnesota including 100 adoptions of black children; 98-percent of white children, 1,284 of 1,805, were adopted by white families and of the remaining 2 percent, no white child was adopted by a black family.

For black children, only 20 percent, 20 of 100, were adopted by black families and at least 71 percent, 71 of 100, were adopted by white families.

Statewide data regarding substitute care, that is, group homes and foster-care placements, during that same period was in most instances unavailable or lacked uniformity. However, empirical data suggests a similar breakdown for foster care.

Clearly, Minesota has differing public policies at work for adoptive and foster-care placements of black and white children. It is useful for purposes of understanding the issue to suggest the existence of a de facto white child-welfare act in Minnesota—which by virtue of public and private adoption policy operates to affect substantial transracial adoption of black children and nearly exclusive intraracial adoption of white children.

In my judgment, this situation is not the result of intentional public policy but rather a lack of initiative and resources coupled with a poor perception of the problem. The typical responses we received upon confronting public and private agencies with our data were that, (1) black people don't like or support adoption and foster care; (2) there are not enough black homes; (3) transracial adoption of black children is in their best interests.

Response: a new public policy. In July of this year a new law, commonly referred to as the Minnesota Minority Heritage Child Protection Act, MMHCPA, went into effect following passage in April by the Minnesota Legislature.

The new law—chapter 278, 1983 session laws, and codified under Minnesota statutes sections 257, 259, and 260—establishes under State law clear and compelling standards for the consideration of race, ethnicity, and religion in making adoptive and substitute-care placements.

Under the new law it is the policy of Minnesota to "insure that the best interests of the child are met by requiring due consideration of the child's race or minority ethnic heritage" in placements for adoption or foster care. This provision, which applies to all children, regardless of race, should do much to unify the disparate public policies in existence heretofore.

The law provides further that a preference for placement shall be given (in order of priority) to: (1) a member of the child's immediate family—unless the genetic parent(s) object; (2) other relatives; (3) a qualified individual or family of the same race, ethnicity, or culture; and (4) another individual or family which is knowledgeable and appreciative of the child's race or ethnicity and culture.

The Minority Protection Act also provides for creation of an advisory task force to render counsel to the Minnesota Commissioner of Welfare on all matters relating to adoption and foster care of black children in Minnesota.

Closing comments: The MMHCPA is an appropriate and laudable response to an important public policy issue affecting one of Minnesota's most valuable resources—its children. Those of us who researched and lobbied passage of the bill are proud of the fact that to our knowledge the MMHCPA represents only State law of its kind.

But it is only a start. There remains much to be done in the areas of recordkeeping, data resources, recruitment, monitoring, public awareness, and education.

Perhaps most important, the change in law and public policy will not effectively remedy our concerns without the commitment and adherence of the public and private agencies which provide the direct foster care and adoption services. Many of these agencies cooperated with us in advocating passage of the new law. It is our hope that this spirit of cooperation will continue.

Thank you.

[Prepared Statement of Steven L. Belton Follows:]

PREPARED STATEMENT OF STEVEN L. BELTON, PRESIDENT URBAN COALITION OF MINNEAPOLIS

I—INTRODUCTION

Good morning, Mr. Chairman and members of the Select Committee. My name is Steven Belton and I am President and Chief Executive Officer of the Urban Coalition of Minneapolis. The information and position I will share with you this morning is a product of my previous employment (in fact, only two weeks ago) as Executive Director of the Council on Black Minnesotans, a state agency which performs public policy research and advocacy on issues affecting Minnesota's 53,000 Black citizens.

The topic of my brief presentation is that of Problems and Public Policy Concerning the Adoption and Foster Care Placement of Black Children in Minnesota.

II--THE PROBLEM: DISPROPORTIONATE TRANSRACIAL ADOPTION AND FOSTER CARE OF BLACK CHILDREN

In state fiscal year 1981 there were 2186 adoption decrees granted in Minnesota including 100 adoptions of Black children. 98 per cent of white children (1,284 of 1805) were adopted by white families and of the remaining two per cent, no white child was adopted by a Black family. For Black children, only 20 per cent (20 of 100) were adopted by Black families and at least 71 per cent (71 of 100) were adopted by white families.

Statewide data regarding substitute care, that is, group homes and foster care placements, during that same period was in most instances unavailable or lacked uniformity. However, empirical data suggests a similar breakdown for foster care.

Clearly Minnesota has differing public policies at work for adoptive and foster care placements of Black and white children. It is useful for purposes of understanding the issue to suggest the existence of a de facto White Child Welfare Act in Minnesota—which by virtue of public and private adoption policy operates to affect substantial transracial adoption of Black children and nearly exclusive intraracial adoption of white children.

In my judgment, this situation is not the result of intentional public policy but rather a lack of initiative and resources coupled with a poor perception of the problem. The typical responses we received upon confronting public and private agencies with our data were that:

(1) Black people don't like or support adoption and foster care.

(2) There are not enough Black homes.

(3) Transracial adoption of Black children is in their best interests.

III—RESPONSE: A NEW PUBLIC POLICY

In July of this year a new law, commonly referred to as the Minnesota Minority Heritage Child Protection Act (MMHCPA), went into effect, following passage, in April, by the Minnesota legislature.

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Under the new law it is the policy of Minnesota to "insure that the best interest of the child are met by requiring due consideration of the child's race or minority ethnic heritage" in placements for adoption or foster care. This provision, which applies to all children, regardless of race, should do much to unify the disparate public policies in existence heretofore.

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The Minority Protection Act also provides for creation of an advisory task force to render counsel to the Minnesota Commissioner of Welfare on all matters relating to adoption and foster care of Black children in Minnesota.

IV. CLOSING COMMENTS

The MMHCPA is an appropriate and laudable response to an important public policy issue affecting one of Minnesota's most valuable resources--its children. Those of us who researched and lobbied passage of the bill are proud of the fact that to our knowledge the MMHCPA represents the only *state* law of its kind. But, it is only a start. There remains much to be done in the areas of record keeping, data resources, recruitment, monitoring, public awareness and education.

Perhaps most important, the change in law and public policy will not effectively remedy our concerns without the commitment and adherance of the public and private agencies which provide the direct foster care and adoptive services. Many of these agencies cooperated with us in advocating passage of the new law. It is our hope that this spirit of cooperation will continue.

Thank you.

Chairman MILLER. I was one of the authors of the Indian Child Welfare Act and, in fact, wrote the protection provisions of the law you have testified about. I am very interested in your report, Ms. Blake.

I think the intent of Congress is clear regarding how Indian children should be treated in the adoptive system. If the intent is not being carried out, for whatever reasons, it would be helpful if we could learn the reasons from your report.

Both Congressman Marriott and myself sit on the Interior Committee and we would be most interested in making sure the law operates as we intended it. This is true also for 96-272, which I also wrote and for which I had always had a deep concern for rigid implementation.

The testimony clearly indicates across the country that it is working, with some difficulty in terms of implementation. Hopefully, Congress this year will meet its obligation to provide the money which was promised the States.

Dr. Mansour, in your testimony you raised the issue of disincentives to work. This has been a matter of some debate now for several months, since the release of the study done by Dr. Tom Joe at the University of Chicago. It seems the Omnibus Reconciliation Act may not assist those who are trying to get people off of public assistance and into the labor force. Can you expand on what you stated?

Ms. MANSOUR. We have to recognize the States aren't able to give more which will cover work-related expenses such as day care, transportation, clothing, and child care. I would like to address the problems relating to benefits, especially health care.

People on low-paying jobs won't earn very much to pick up those costs and yet we don't allow as much in this regard as we should. I think you have to have more disincentives there. They are tightening them up and they shouldn't be tightening them up at all.

Chairman MILLER. In terms of the controversy around whether or not they are, in fact, disincentives, is it your conclusion we are providing disincentives for people to go to work?

Ms. MANSOUR. We are providing disincentives. We only—them for a 3-month period and after that it is taxed. That was the case before. It was for a longer period of time. So we are looking at the time here that is allowed, the dollar amount that is allowed.

Chairman MILLER. If I understand your testimony, for someone currently on public assistance with one or two children, the logical decision would be to stay on public assistance rather than take a low-paying job.

Ms. MANSOUR. That is correct. Even though they won't want to do that, most people want to work, be self-sufficient. They can't afford, as I point out, quality day care. Day-care centers are struggling and usually the people who are employed are earning less than minimum wage.

Statistics are startling. Two out of three employed in day-care centers earn below minimum wage and in day-care homes 90 percent are below minimum wage. They are concerned about quality care.

Chairman MILLER. There are strong suggestions in some of these studies that after purchasing services like transportation, health care, and day care; that net take-home pay is less than public assistance. Again, the logical decision would be to stay home.

Ms. MANSOUR. That is right.

Chairman MILLER. That wasn't what the intent was.

Ms. MANSOUR. I know.

Mr. SIKORSKI. On that point, Minnesota was the leader in the so-called working poor program. We put it in a tax law and we got it into our own State medical program and fit it in everywhere we could.

I watched in 1981 and 1982 as chairman of the finance subcommittee on health, welfare, and corrections. We dismantled it point by point the percentage of the programs of those working poor provisions in a response either mandated by the Federal Government changing our eligibility requirements or just because we allowed the money and couldn't make it up elsewhere.

We are paying much more now. In fact, that program cost the Federal Government more than the working poor program in what they did, in fact, to get people into gainful employment.

Chairman MILLER. I think another part of your testimony, Dr. Mansour is very disturbing in that you are suggesting that the most recent bout of unemployment and recession has not only engulfed those families you always knew were vulnerable, but has also hit two-parent intact families which until this time were rather stable families in Michigan.

Ms. MANSOUR. That is right.

Chairman MILLER. They are engulfed by this prolonged unemployment.

Ms. MANSOUR. I think they are very upset because of the lack of medical benefits for them. That can be a very critical area for some people to sell off assets and go on public assistance. Something needs to be done about that. That is one cost they cannot pick up.

Chairman MILLER. In terms of the disintegration of intact families, two-parent families, do you see that around prolonged unemployment?

Ms. MANSOUR. I think prolonged unemployment adds to it, but there are a number of other problems that create stress and tension. We are being criticized right and left because all of the money is going to welfare, that we have not increased the basic grant level since October 1979.

Chairman MILLER. Do you see a trend in families increasing out-of-home placements?

Are families placing children out of home, to take care of the child because they have inadequate resources?

Ms. MANSOUR. I just heard about 1 week ago one family in the Detroit area took their baby into the hospital because she didn't have enough money. Most teenage mothers, most will keep their children, they want to keep their children, they can't handle it.

Chairman MILLER. This morning, there was a discussion on the local news about unemployment. Right now in Minnesota, I think it is 7.2 percent.

What kind of year do you look forward to in terms of both private, nonprofit and public efforts with regard to food programs?

Ms. BALLOU. I think what is happening is that we nickel-and-dime the food programs to death. We make no long-term commitment to funding them.

A federally funded food program can't expand, either because the funding isn't there or because the funding is sporadic. WIC is a classic example.

We have had nothing but bad experiences with USDA. They refuse to release food that is needed. We need five times what we are getting.

Mr. MARRIOT. I appreciate all the testimony. I think you have hit some sensitive areas. Dr. Mansour, I can start with you. You have a tough job. Some of your counterparts are good friends of mine. I want to ask you this question.

We are between a rock and a hard place. We are trying to get rid of a $200 billion deficit. On the other hand, we see the needs of humans. Are we doing enough on the prevention side?

Ms. MANSOUR. No.

Mr. MARRIOTT. All the people who are poor by the year 2000 are going to be women and children. Single women, heads of households. We don't seem to be collecting child support. Where do we start?

Ms. MANSOUR. Start by redistributing.

Mr. MARRIOTT. Give us an example.

Ms. MANSOUR. Cut down. I look at the huge budget. I know the clamber for tax increases. With a frozen budget, what can we do, where are our priorities?

Mr. MARRIOTT. I want to talk for a minute. It may not be the most popular comment I make today. Twenty years ago we were spending 20 percent of our Federal budget for payments to individuals.

Today we are paying 60 percent, 80 percent of that 60 percent is going for retirement-type benefits, and the so-called welfare side of that really has been cut as the retirement side increases; nevertheless, we're paying a substantial part of the budget for transfer payments of one type or another.

How far can we go? Right now one of the reasons we have so many problems is because 50 percent of our marriages end in divorce and they become victims of poverty. We have a tremendous increase in out-of-wedlock births.

We have a tremendous underpayment of child support payments. Sixty percent or so aren't paying. At what point do we toughen up, as opposed to saying we need more money. We can't continually make ourselves a welfare society, although we do have to deal with the problem. How do we get after the guys who aren't paying support payments. Why don't we get to the root of the cause?

Ms. MANSOUR. Have more resources in social services. The social fabric today is not the social fabric of 20 years ago.

The war on poverty made some gains and certainly a big difference in decreasing poverty among the elderly, but it has not decreased the rate of poverty in terms of this new cause among other populations.

The war on poverty has two basic intents—income, and the other was move people away from poverty toward self-sufficiency. We, indeed, have to look at where we are today.

I have some suggestions. First of all I want to say I think we have to look at where the budget can be cut, but if we are going to cut, then cut, we cannot have too many dollar packages for defense.

We will not tolerate any sort of fraud or abuse in welfare. I think you have to be realistic about that.

We have done some things with social security. More has to be done.

The other thing we have to look at is social problems, and it does mean an investment but I don't think we have an alternative. We pay for this one way or the other.

Child support is designed for divorce situations. Now we have women who do not marry. You have separation. We have a system designed to be based on a suggested view of the judge and handled on an individual basis.

I think we have to move to something like a tax table. I don't know how else you can get around it. I was thinking you have to look at the minimum wage.

Now that supports a family. We have to do something about health care costs. We have got to get those down. There are areas to look at.

Mr. MARRIOTT. You still haven't answered my question. How do we deal with the root cause? I am working on a paper right now about intact families; families more like families once were. They are more traditional and have a low rate of divorce. I am interested in why they stay together, and how staying together helps them when they need support.

It seems to me that you can't totally replace the family. The problem is that we are spending billions at the Federal level as we try to deal with the problems of families. I am concerned about this. I think we have to look at the root cause of families breaking up and their subsequent need for Federal support.

Ms. MANSOUR. I think you have to recognize it is 1983 and it is impossible to go back to what it was. We are dealing with situations where children are living with one parent. We have to recognize that.

What has happened is that parents often don't have a support system but the family provided it before.

Mr. MARRIOTT. My time is about up. That is why the emphasis on that case ought to be getting the fathers to pay up.

Ms. MANSOUR. That is one thing. I think probably you have to go back to defining a family unit differently than we have in the past, to try to make sure they can stay together. I am not advocating breakup but I am advocating development. We are trying to prevent dissolution of families.

Mr. MARRIOTT. Ms. Shafer, I have been an advocate of employer-sponsored day care centers and making day care centers on the job site a fringe benefit. Have you done any studies along that line?

Any examples of how that might work, how we might encourage more private involvement, in things like that?

Ms. SHAFER. One of the best known is Carlson Industries. I think they were the first corporation to develop an onsite child care center.

Other corporations have looked at this issue. There are definite pros and cons to that. As a parent myself, I find the need to separate my professional life and family life and you need that drive home or that drive to the center to make that separation.

That is a parenting issue. I think there are several corporations looking into this.

I personally feel that a better way to go would be to have corporations sponsor slots in day care centers. In other words, the corporation purchase "X" number of slots in various centers in their community, then offer this.

Mr. MARRIOTT. Is there a shortage of centers?

Ms. SHAFER. No. In fact, there are centers that have a lot of openings, primarily due to the unemployment rate. One of the reasons for not having corporation child care centers is when the child goes to school then they have to go back to their community to go to school and those children need to have an after-school day care setting. One thing that makes our center very much of a home away from home is that our children have been there for 5 to 7 years, have been there since infancy. They know the children very well. They are very comfortable. Hopefully, as the unemployment rate picks up, more centers will go to nighttime child care, for airline hostesses and hospitals, for example.

Mr. SIKORSKI. I think Martha's testimony on underweight children underlines the real problems we pick up in that incredibly inflated health care budget. We in Minnesota have the same type of proportion in terms of where our money, so-called welfare, is going, half is going to health care providers.

In Lynn's testimony, I think you have to respond to the question that Congressman Marriott raised, you have to remember that low-income people you are focusing on, the chances are they are not in jobs that pay the type of benefits that we are talking about. They will not be picked up in that type of situation. The other point I have experienced from sitting on the board of directors of Warm World is the workers in day care are people who are dedicated enough to put that many hours in on the job. The more credible aspect is you will find very educated, very talented people, using their degrees for subminimum-wage situations. One aspect of the social security reform we just passed, a lot of us were not aware of the impact of requiring nonprofit agencies to pay social security on a very stretched budget and in this instance we are trying to pick up the slack by raising more money, but if it does not get picked up we will have the effect of reducing a very low wage because of social security.

One of the things that in your—one reason I wanted to be on this, I was chairman of the Select Committee on Criminal Justice, I grew up in a community that had the misfortune of having a 12-year-old native American boy from the Sisseton Reservation hang himself in our jail in the late sixties. It is a good example of what you are talking about. He was lost in the system. He was picked up for a minor infraction in juvenile court and did not know how to handle the situation, sat in the jail, was rudely cared for by the jailer and his wife and no one was there to pick him up, and he was left there, and across from his cell, across the street, is the Federal architecture county courthouse that I walked by many times and at the top in big letters is "Justice Delayed is Justice Denied. It is an example, fortunately, not repeated in recent years, but reminds me of the loss of a kid in a system.

Dr. Mansour, things are not going to get better from the statistics I have on the economy of the future. Instead of the technology changes helping, it is compounding the problem. It looks as though

those high-leveled skilled jobs middle Americans are dependent on are going out. In the next 10 years they say the low-paying repetitive jobs, the fast-growing jobs in the coming decade are janitors, clerk/secretary, food service workers, hospital attendants, traditional low-paying, no benefits, low-benefit dead-end jobs that predominantly were filled by women making 59 cents on the dollar of a male worker, so we have some real challenges that go beyond the statistics we have heard here.

Mr. VENTO. We are under pressure here. I must remark about the excellent testimony from everybody. I think all of you have touched on issues that are important and I might say a former colleague of mine, the Governor of Michigan, his administration has certainly enhanced the type of performance and responsibilities you have accepted in Michigan are rather substantial.

I believe the testimony, you are an expert witness before this panel, Dr. Mansour, in terms of tying together all the problems. I can only say it comes to the conclusion no one up here is going to take credit for what happened with the economy. I think we all agree if that does not correct itself the social service network that does exist is completely inadequate to respond to those particular needs, and if it was appropriate in the sixties, it certainly is a major affair, a major recommitment.

Regarding the argument and discussion of our priorities in terms of Federal spending and responsibility, I think the main emphasis of what you are telling us is the fact that people are falling between the cracks of these particular social service programs. We are happy to have this testimony. Believe me, I think I can speak for myself and others, I will rest a lot less easy because of this.

Chairman MILLER. Thank you very much for your time and for giving us the benefit of your testimony. The committee will recess now until about 12:45. We are going to have a school lunch.

[Recess.]

AFTERNOON SESSION

Chairman MILLER. The committee will hear from the third panel, which will address the concerns of prevention strategies. Our first witness will be the Honorable Albert Quie, the former Governor of the State of Minnesota and former colleague of mine in the Congress on the Education/Labor Committee. We welcome you to the committee and look forward to your testimony.

Mr. QUIE. It is a pleasure to be back with you. I watched some of you work in the Congress and admire the work you are doing. My testimony is limited to one area and in the prevention area. This has to do with adolescent pregnancy.

STATEMENT OF HON. ALBERT QUIE, SEARCH INSTITUTE, FORMER GOVERNOR AND FORMER U.S. REPRESENTATIVE FROM THE STATE OF MINNESOTA

Mr. QUIE. The problem: Adolescent pregnancy has been called the problem that won't go away. Efforts in recent years—many of them supported by Federal funding—have failed to reduce teen sexual activity and pregnancies of unmarried young people. I refer particularly to so-called value-neutral sex education programs and

to clinical programs which prefer to hand out contraceptives rather than promote restraint.

I am aware of the complexity of the issues involved. No one answer is likely to be adequate to the challenge that teenagers and their sexuality is presenting to our society. Yet, I seriously question, and have from the beginning, several assumptions that are the foundation of many programs currently operating.

For example, I do not believe that "teenagers are going to be sexually active anyway." This assumption sells our young people short, in effect telling them they are incapable of self-discipline, they are not intelligent enough to make choices for purpose greater than self-gratification. It also fools them into thinking they are mature enough at age 13 or 15 or 17 to handle all the emotional, psychological, social, and moral consequences of premature sex.

I do not naively suggest that all teenagers are going to be self-disciplined. But I suggest that they can be and have a right to be encouraged in that direction.

Most certainly, our culture is significantly more sexually explicit in 1980 than 20 years ago. The omnipresence of sexual themes in television programing and advertisements, movies, magazine stands, popular music, and everyday conversation make it virtually impossible for children and youth to be sexually unaware.

It makes one wonder whether all this exposure isn't the cause for the age of puberty becoming increasingly younger; nature simply responding to stimuli.

Chilman, in a paper prepared for and delivered last month at the American Psychological Association's annual convention, notes that in the 7 years between 1967 and 1974, there was a 300-percent increase among white females and 50-percent increase among white males in nonmarital intercourse. In 1979, 48.5 percent of females and 53 percent of males were sexually experienced by their 17th birthday.

Comparable figures for the period between 1925 and 1965 show 10 percent females and 25 percent males. It is interesting to note that only 17 percent females and 25 percent males planned their first intercourse. For the vast majority, first coitus occurred impulsively.

In her summary of major factors associated with nonmarital intercourse for teens aged 18 and under, Chilman lists these: low level of religiousness, permissive societal norms, racism, and poverty, peer-group pressure, friends who are sexually active, low educational goals, and poor education achievement, deviant attitudes, strained parent/child relationships, and minimal parent/child communication, age--older than 18--and early puberty.

Among the results of the sexual revolution of our times have been the breakdown of cultural norms and standards, an increase in adolescent pregnancy, an increase in abortions, an increase in sex-related diseases and an increase in single-parent families and marriage dissolutions.

All of these factors, to a lesser or greater degree, involve family and local community. It is in service of youth, their families, and communities that Search Institute is engaged.

Allow me to turn now from this very brief sketch of the problem to a similarly brief sketch of an attempt at an answer.

Search Institute was founded 25 years ago by Dr. Merton P. Strommen, a person known and respected nationally for his significant contributions to youth research and programing. Over the years, Search Institute has received funding from the National Institute of Mental Health and National Endowment for the Humanities. However, the major source of the institute's funding has been private foundations, among them: Lilly Endowment, Exxon Educational Foundation, Ford Foundation, Raytheon, and Atlantic Richfield.

Search Institute is presently completing a study of 8,000 10- to 15-year-olds and their parents. Funded by Lilly Endowment, this study of early adolescence is an unprecedented accomplishment and provides data that will take years to explore.

Most recently, Search Institute has published a study entitled "Religion on Capitol Hill: Myths and Realities" (Harper & Row, 1982), a result of interviews of Members of the 96th U.S. Congress, culminating in an innovative typology of religious types and how religious beliefs and values affect their decisionmaking and voting on national policy.

Other research projects currently underway include two studies of the private Catholic high school, particularly those in the inner city. Funded by the Ford Foundation, these studies will attempt to identify values, motivations, and other factors which contribute to educational achievement of the graduates of private church-related secondary institutions. These findings may help our understanding of teen sexual activity.

Search Institute has been a friend of youth for a quarter of a century, providing substantial research used by administrators of youth programs, teachers, counselors, youth workers, clergy, and parents; 3 years ago a decision was made by the institute's board, on which I serve, to broaden its efforts in the area of youth programing. It is moving decisively and significantly on two issues, adolescent chemical abuse and adolescent sexuality.

The focus of programing is prevention. The approach is holistic, both in terms of considering the total person of the individual youth, and the total environment in which youth grow.

Consequently, the home, family, church, or synagogue, and neighborhood community are involved as part of Search Institute's programing response. This must include youth's primary and secondary relationships, their values, beliefs, and behaviors. In fact, it is Search Institute's modus operandi to take full account of the important role personal beliefs and values play in decisionmaking and behavior.

To assist the institute in the research of adolescent sexuality, as well as effective program development, a person skilled and experienced in a particular style of sex education was added to the staff 2 years ago. This staff member was producer and principal author of a new sex education program now used throughout the United States in well over 3,000 school and church settings. It has received a warm welcome in Australia and Canada as well.

I am referring to the reverence for life and family program developed for Roman Catholics. Spending 4 years and $200,000 in the process, Catholics have found an effective way to do sex education: Get community support, involve parents, teach the values and ethi-

cal norms that reflect community standards, select an age group where most, if not all, students are ready, and provide parents and teachers with adequate tools and the confidence they need to get involved in the sex education of their kids.

In the St. Paul and Minneapolis area, where this program was started, the number of schools and churches providing sex education has increased from 25 percent in 1971 to over 75 percent in 1982. Objections to this kind of sex education are rare, enthusiasm high.

Since parents take the course first and not only see but deal with the content, one of the most significant preventive effects has been the dialog and communication between parents and teens. Youth are encouraged to be self-disciplined and to exercise restraint in sexual activity. They are given reasons why they should say "no." No longer are they able to feel that parental, school, and community silence about teen sex means approval or at least indifference. I believe that silence is interpreted by young people as approval.

Search Institute has taken the Catholic program as a model, and in response to a need expressed by several Protestant denominations, is completing an interdenominational edition. A successful pilot has taken place and the curriculum will be available in mid-1984.

Search Institute has gone a step further. Building on the experiences described above, the staff is now preparing a public school version, also parent involved, values based, ethically integral, community involved, and video assisted. The focus is prevention.

Geared to seventh and eighth graders and their parents, this curriculum addresses many of the factors related to early sexual behavior and adolescent pregnancy. I highlight these.

One, the continuing role of the parent as primary educator of a child. This curriculum helps parents communicate with their children by giving both the same vocabulary, homework assignments to do together, background reading for use at home, dialog with other parents--often parents of their child's peers and friends, new information for themselves and a review of old information, occasions to meet with child's teacher, and reason to have confidence in the teacher by knowing what is being taught. Video taped presentations help accomplish this last item.

I believe most parents want to be involved in the sex education of their children. They need support and practical assistance.

Two, the important role of ethical values and standards. Not to teach a value is to teach a value. I see no reason why ethical standards and values cannot be incorporated into public school sex education. If they are not, then it would not be done in school at all.

The myth that public schools are supposed to be value free is false, of course. Public schools do and must teach values. I mention honesty, patriotism, respect for person and property, as just a few. Why not also values and ethical standards related to sexuality?

Most certainly, the differences surrounding controversial issues will require a fair representation of our cultural pluralism. However, I know of no community that doesn't hold that sexual activity by young unmarried teens is to be discouraged. This is a message that we can give our youth, the public school reflecting the values and standards of the community it serves, and the family, church,

or synagogue, and local community reinforcing the message in their own particular ways.

To summarize, may I make these points.

One, research suggests that nonmarital coitus is less likely if young people's families place a high value on achievement and if their family environments are more rational, controlled, and conforming—high religiosity, greater dependence on family, better communication between parents and children, less tolerance toward deviance from norms or standards.

Granted, the issue is complex. Even so, I am convinced more than ever that the solution to the problem associated with teen sex lies more with the parents than any place else. It is not a question of either/or, but both/and. Sex education in the schools yes, but also with parents and families, including their religious institutions.

Two, for too long, too many of us have been silent on the issue of ethical and moral values related to premarital sexuality. For most Americans, this involves their religious beliefs and moral standards. Youth need to hear the ethical standards and expectations of the community at large and particularly their families.

Part of the problem is the fact that a few Americans make their living and their wealth exploiting adolescent sexuality. I do not leave off the hook the media moguls who daily undermine family and community values by overstepping parental rights and responsibilities, invading the privacy of the home with moral pollutants, more detrimental than but equally as elusive as acid rain. I speak of those who batter daily, over radio and television, the minds and souls of our most precious natural resource. They deserve more, and better. Not half truths and false gods.

I believe some answers to the problems we ponder lie with the parents. At the heart are ethical and moral values.

Civilization collapse when their moral and ethical standards no longer rest on genuine human dignity and authentic human values. What we have been discussing these past moments is more than teen pregnancy. It touches the very survival of our culture.

[Prepared statement of Gov. Albert Quie follows:]

PREPARED STATEMENT OF GOVERNOR ALBERT QUIE

I. THE PROBLEM

Adolescent pregnancy has been called the problem that won't go away. Efforts in recent years—many of them supported by federal funding—have failed to reduce teen sexual activity and pregnancies of unmarried young people. I refer particularly to so-called "value-neutral" sex education programs and to clinical programs which prefer to hand out contraceptives rather than promote restraint.

I am aware of the complexity of the issues involved. No one answer is likely to be adequate to the challenge that teenagers and their sexuality is presenting to our society. Yet, I seriously question, and have from the beginning, several assumptions that are the foundation of many programs currently operating. For example, I do not believe that "teenagers are going to be sexually active anyway." This assumption sells our young people short, in effect telling them they're incapable of self-discipline, they're not intelligent enough to make choices for purposes greater than self-gratification. It also fools them into thinking they're mature enough at age 13 or 15 or 17 to handle all the emotional, psychological, social and moral consequences of premature sex.

I do not naively suggest that all teenagers are going to be self-disciplined. But I suggest that they can be and have a right to be encouraged in that direction.

Most certainly, our culture is significantly more sexually explicit in 1983 than twenty years ago. The omnipresence of sexual themes in television programming and advertisements, movies, magazine stands, popular music, and everyday conversation make it virtually impossible for children and youth to be sexually unaware. (It makes one wonder whether all this exposure isn't the cause for the age of puberty becoming increasingly younger; nature simply responding to stimuli.)

Chilman,[1] in a paper prepared for and delivered last month at the American Psychological Association's annual convention, notes that in the seven years between 1967 and 1974, there was a 300-percent increase among white females and 50 percent increase among white males in nonmarital intercourse. In 1979, 48.5 percent of females and 53 percent of males were sexually experienced by their 17th birthday. Comparable figures for the period between 1925 and 1965 show 10 percent females and 25 percent males. It's interesting to note that only 17 percent females and 25 percent males planned their first intercourse. For the vast majority, first coitus occurred impulsively.

In her summary of major factors associated with nonmarital intercourse for teens aged 18 and under, Chilman lists these: low level of religiousness, permissive societal norms, racism and poverty, peer-group pressure, friends who are sexually active, low educational goals and poor education achievement, deviant attitudes, strained parent-child relationships and minimal parent-child communication, age (older than 16) and early puberty.

Among the results of the sexual revolution of our times have been the breakdown of cultural norms and standards, an increase in adolescent pregnancy, an increase in abortions, an increase in sex-related diseases and an increase in single-parent families and marriage dissolutions

All of these factors, to a lesser or greater degree, involve family and local community. It is in service of youth, their families and communities that Search Institute is engaged. Allow me to turn now from this very brief sketch of the problem to a similarly brief sketch of an attempt at an answer.

II. SEARCH INSTITUTE

Search Institute was founded 25 years ago by Dr. Merton P. Strommen, a person known and respected nationally for his significant contributions to youth research and programming. Over the years, Search Institute has received funding from the National Institute of Mental Health and National Endowment for the Humanities. However, the major source of the Institute's funding has been private foundations, among them Lilly Endowment, Exxon Educational Foundation, Ford Foundation, Raytheon, and Atlantic Richfield.

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Most recently, Search Institute has published a study entitled "Religion on Capitol Hill: Myths and Realities" (Harper & Row, 1982), a result of interviews of members of the 96th U.S. Congress, culminating in an innovative typology of religious types and how religious beliefs and values affect their decision-making and voting on national policy.

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Search Institute has been a friend of youth for a quarter of a century, providing substantial research used by administrators of youth programs, teachers, counselors, youth workers, clergy, and parents. Three years ago a decision was made by the Institute's board, on which I serve, to broaden its efforts in the area of youth programming. It is moving decisively and significantly on two issues, adolescent chemical abuse and adolescent sexuality. The focus of programming is prevention. The approach is holistic, both in terms of considering the total person of the individual youth, and the total environment in which youth grow.

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[1] Chilman, Catherine S. "Coital Behaviors of Adolescents in the United States: A Summary of Research and Implications for Further Studies." Prepared for meetings of the American Psychological Association, 1983.

clude youth's primary and secondary relationships, their values, beliefs, and behaviors. In fact, it is Search Institute's modus operandi to take full account of the important role personal beliefs and values play in decision-making and behavior.

To assist the Institute in the research of adolescent sexuality, as well as effective program development, a person skilled and experienced in a particular style of sex education was added to the staff two years ago. This staff member was producer and principal author of a new sex education program now used throughout the U.S. in well over 3,000 school and church settings. It has received a warm welcome in Australia and Canada as well. I am referring to the "Reverence for life and Family" program developed for Roman Catholics. Spending four years and $200,000 in the process, Catholics have found an effective way to do sex education: get community support, involve parents, teach the values and ethical norms that reflect community standards, select an age group where most, if not all, students are ready, and provide parents and teachers with adequate tools and the confidence they need to get involved in the sex education of their kids.

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Search Institute has gone a step further. Building on the experiences described above, the staff is now preparing a public school version, also parent-involed, values-based, ethically-integral, community-involved, and video-assisted. The focus is prevention. Geared to 7th and 8th graders and their parents, this curriculum addresses many of the factors related to early sexual behavior and adolescent pregnancy. I highlight these:

(1) The continuing role of the parent as primary educator of a child. This curriculum helps parents communicate with their children by giving both the same vocabulary, homework assignments to do together, background reading for use at home, dialogue with other parents (often parents of their child's peers and friends), new information for themselves and a review of old information, occasions to meet with child's teacher, and reason to have confidence in the teacher by knowing what is being taught. (Videotaped presentations help accomplish this last item.) I believe most parents want to be involved in the sex education of their children. They need support and practical assistance.

(2) The important role of ethical values and standards. Not to teach a value is to teach a value. I see no reason why ethical standards and values cannot be incorporated into public school sex education. If they are not, then it should not be done in school at all. The myth that public schools are supposed to be "value-free" is false, of course. Public schools do and must teach values. I mention honesty, patriotism, respect for person and property, as just a few. Why not also values and ethical standards related to sexuality? Most certainly, the differences surrounding controversial issues will require a fair representation of our cultural pluralism. However, I know of no community that doesn't hold that sexual activity by young unmarried teens is to be discouraged. This is a message we can give our youth, the public school reflecting the values and standards of the community it serves, and the family, church or synagogue, and local community reinforcing the message in their own particular ways.

III. SUMMARY

To summarize, may I make these points:

(1) Research suggests that non-marital coitus is less likely if young people's families place a high value on achievement and if their family environments are more rational, controlled, and conforming—high religiosity, greater dependence on family, better communication between parents and children, less tolerance toward deviance (from norms or standards.)

Granted, the issue is complex. Even so, I am convinced more than ever, that the solution to the problems associated with teen sex lies more with the parents than anyplace else. It's not a question of either-or, but both-and. Sex education in the schools, yes, but also with parents and families, including their religious institutions.

(2) For too long, too many of us have been silent on the issue of ethical and moral values related to pre-marital sexuality. For most Americans, this involves their religious beliefs and moral standards. Youth need to hear the ethical standards and expectations of the community at large and particularly their families. Part of the problem is the fact that a few Americas make their living and their wealth exploiting adolescent sexuality. I do not leave off the hook the media moguls who daily undermine family and community values by overstepping parental rights and responsibilities, invading the privacy of the home with moral pollutants, more detrimental than but equally as elusive as acid rain. I speak of those who batter daily, over radio and television, the minds and souls of our most precious natural resources.

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Civilizations collapse when their moral and ethical standards no longer rest on genuine human dignity and authentic human values. What we have been discussing these past moments is more than teen pregnancy. It touches the very survival of our culture.

STATEMENT OF DELORES HOLMES, DIRECTOR, FAMILY FOCUS/ OUR PLACE

Ms. HOLMES. Opportunity and option projects for primary prevention of teen pregnancy: Family Focus is a nationally recognized program providing models for community-based family support services to expecting parents and parents with young children.

The significant effect of pregnancy on teenagers alerted Family Focus to the need for a center devoted to this at-risk population. The center "Our Place" opened in September 1979. Programing combines the relayed, informal "ready when you are" atmosphere of a drop-in center, with regularly scheduled activities covering a wide range of personal/parental interests and addressing educational, vocational, health, and social needs.

Many of the teens dropping in at the center are neither parents nor parents to be, but are sexually active, and therefore at risk of becoming parents. Programing has been extended to include and involve this population by providing them with emotional and social supports as well as information and education.

Adolescent pregnancy is acknowledged as a critical current problem. Unfortunately, it is also a problem which cannot be solved in a direct and narrowly focused, or short-term approach.

The Family Focus experience over the past 4 years indicates that the economic, social, and health problems related to teen pregnancy are complex, affecting limited educational and vocational opportunities which can lead to poverty and financial dependency, long-term health and developmental problems, and overall life situations.

It is a long-range problem which requires a long-range approach and a long-term commitment. It is a problem of prevention or remedy, of opportunities and options versus dependency and subsidies.

Family Focus has developed a package of primary prevention approaches with focus on the complex and multifaceted needs related to adolescent pregnancy. We seek to begin earlier, with junior high

school students, and to deal with more emphasis on the critical and pivotal relationship with education—focusing on the positive alternatives of opportunities and options.

They are as follows: One, Step By Step; two, Children Teaching Children; three, Near Peer Support Program; four, Partners, Sisterhood, and Brotherhood Project; five, Extended Family Project.

1. STEP BY STEP: A PROGRAM FOR JUNIOR HIGH STUDENTS—OUR PLACE

Through its experience with pregnant and parenting teens and their peers in the Evanston community, Our Place has identified the need for an earlier program of prevention among students at the junior high level.

This concern is a response to the large number of young and preadolescents who are at high risk of pregnancy and/or related situations because of a family history of early pregnancy, limited role modeling and knowledge of positive life options and opportunities, precocious sexual interest and/or experimentation, and problems and lack of motivation in school work.

This logical extension of the primary prevention approach is proposed against the background of a national trend which indicates a decrease in overall teen pregnancies but an increase in pregnancies in younger adolescents.

The original program was initiated in 1981 through outreach to a small group of girls at Chute School; last year it moved to the Our Place Center and quickly attracted a group of 25 girls and 5 boys from the 6th, 7th, and 8th grades of all four Evanston junior high schools. This group indicated the need for a regular weekly program, chose the name Step By Step, and grew to include the present 40 regular participants, 119 total enrolled.

2. CHILDREN TEACHING CHILDREN TUTORING PROJECT—OUR PLACE

Adolescent pregnancy is closely correlated to poor performance in school, a low sense of self-esteem, and a lack of close personal relationships with positive and reinforcing role models and peers.

Our Place program participants have low reading scores and are experiencing difficulty and discouragement in their school situations. This puts them at high risk of dropping out of school, teenage pregnancy, and related social problems linked to limited job options, poverty, and dependency.

Family Focus proposed that Children Teaching Children, a peer-to-peer tutoring program, will radically improve reading achievement of tutors, improve the reading level of tutees, provide tutors with academic achievements and self-esteem, and provide all program participants with meaningful personal relationships with both peers and motivating adults, in a primary prevention effort at the junior high level.

3. NEAR PEER SUPPORT PROGRAMS—OUR PLACE

The transition to high school is a very critical time particularly for high-risk students. They may feel overwhelmed by the academic and social demands of the larger high school situation, and confused by choices and decisions open to them. This is especially true

if they are not academically or emotionally ready for high school, do not have positive role models for academic achievement to whom they can relate, have a poor self-image, and are vulnerable to peer pressures to participate in activities harmful to their success in high school. Without a positive experience at the beginning of their high school career, they are more prone to drop out, with early pregnancy one of the primary alternatives.

The Near Peer Support system links up 16 to 20 entering freshmen with 8 to 10 successful upper-level high school students, in a supportive, role model, and advocate relationship.

Candidates for the supporter positions are identified by Our Place staff in consultation with high school administrators and counselors. These supporters are students successfully established in their academic roles, with a healthy sense of self and their long-range goals; they have the respect of their peers and their teachers, and are knowledgeable of the workings and resources of the school system. The freshmen recruited for the program have been identified by agency and school staff as at high risk of early dropout or academic/social problems because of a history of poor school performance, lack of motivation, family background of sibling dropout and/or pregnancies.

4. PARTNERS, SISTERHOOD AND BROTHERHOOD PROJECT—OUR PLACE

National projections indicate that 4 in 10 young girls will become pregnant at least once in their teens and two of them will have their babies—1 million teen pregnancies a year. In Illinois, 1 in 6 babies born will have teenage mothers. Teen pregnancies indicate a higher incidence of child abuse and neglect; contribute to high infant mortality rates due to low birth weight, inadequate or no prenatal care, and ignoring of well-baby-care due to lack of resources and information; involve premature and low birth-weight infants, leading to birth injuries, abnormalities and illnesses; perpetuate the poverty cycle of females linked to a lessening of educational and vocational opportunities.

Program plan: Partners program links up to 24 pregnant teens to 8 mature community women, once teen parents themselves, who have successfully managed their parenting, social and economic roles, to provide practical support which can only come from similar shared experience; reinforce health and parenting information and professional staff interventions, and maintain one-to-one followup during critical and traumatic pregnancy, birth and early parenting periods; prevent or at least delay repeat pregnancies by aiding teens to define values related to sexual responsibility, and assess the practical realities and demands of good parenting; in weekly dinner/discussion sessions, personal and phone contacts.

Sisterhood involves 30 to 40 teen mothers in a self-help network, to share parenting and personal experiences in weekly dinner and group meetings with peer and professional support; provide support to mothers in the 18-to-20-year range who might otherwise fall between program areas and facilitate their access to other community resources; and provide referrals and support for opportunities for continuation and completion of educational goals and vocational plans.

Brotherhood involves 30 young men (teen fathers, partners of pregnant women, and those who are sexually active) in a male-staffed (professional and volunteer) individual and group program, to establish personal values and attitudes about responsible sexuality and the father role among teens who have little or no experience with positive male role models in their lives; develop practical ways to be supportive of the teen mother; provide information on the development of children as a basis for developing fathering skills, to provide direct training, information and referrals to develop life skills and educational vocational opportunities to insure personal and economic independence.

5. EXTENDED FAMILY

The problem of adolescent pregnancy is a complex and significant one which affects the entire community. It is therefore imperative that the parents and families of all teenagers be equipped and enabled to provide the information, support, and direction to their children which will prevent too early pregnancies or at least lessen the effects of the multifaceted problems faced by the teens, their children and families. Too often these parents are without information and encouragement which will enable them to provide strong and positive direction and their own experience and lack of resources limit their own potential and ability to see the offer options.

Family Focus propose as an integral part of Our Place program plan, a project to contact and involve parents and extended family members of all pregnant and parenting adolescents and other teens actively connected to our program, as well as adult community members concerned about teen pregnancy, and the families of teens at risk of early pregnancy.

[Prepared statement of Delores Holmes and Joise Hill follows:]

PREPARED STATEMENT OF DELORES HOLMES AND JOISE HILL, FAMILY FOCUS, EVANSTON, ILL.

FAMILY FOCUS-OUR PLACE

Opportunity Option Projects for Primary Prevention of Teen Pregnancy

Family Focus is a nationally recognized program providing models for community-based family support services to expecting parents and parents with young children.

The significant effect of pregnancy on teenagers alerted Family Focus to the need for a center devoted to this at-risk population. The center Our Place opened in September 1979. Programming combines the relayed, informal "ready when you are" atmosphere of a drop-in center, with regularly scheduled activities covering a wide range of personal/parental interests and addressing educational, vocational, health and social needs. Many of the teens dropping in at the Center are neither parents nor parents-to-be, but are sexually active, and therefore "at risk" of becoming parents. Programming has been extended to include and involve this population by providing them with emotional and social supports as well as information and education.

Adolescent pregnancy is acknowledged as a critical current problem. Unfortunately, it is also a problem which cannot be solved in a direct and narrowly focused, or short-term approach.

The Family Focus experience over the past four years indicates that the economic, social, and health problems related to teen pregnancy are complex, affecting limited educational vocational opportunities which can lead to poverty and financial dependency, long term health and developmental problems, and overall life situations.

It is a long range problem which requires a long range approach and a long term commitment. It is a problem of prevention or remedy, of opportunities and options versus dependency and subsidies.

Family Focus has developed a package of primary prevention approaches which focus on the complex and multi-faceted needs related to adolescent pregnancy. We seek to begin earlier, with junior high school students, and to deal with more emphasis on the critical and pivotal relationship with education—focusing on the positive alternatives of opportunities and options.

They are as follows:

1. Step by Step
2. Children Teaching Children
3. Near Peer Support Program
4. Partners, Sisterhood and Brotherhood Project
5. Extended Family Project

1. Step By Step: A program for junior high students—Our Place

Through its experience with pregnant and parenting teens and their peers in the Evanston community, Our Place has identified the need for an earlier program of prevention among students at the junior high level. This concern is a response to the large number of young and pre-adolescents who are at high risk of pregnancy and/or related situations because of a family history of early pregnancy, limited role modeling and knowledge of positive life options and opportunities, precocious sexual interest and/or experimentation, and problems and lack of motivation in school work. This logical extension of the primary prevention approach is proposed against the background of a national trend which indicates a decrease in overall teen pregnancies but an increase in pregnancies in younger adolescents.

The original program was initiated in 1981 through outreach to a small group of girls at Chute School; last year it moved to the Our Place Center and quickly attracted a group of 25 girls and five boys from the 6, 7 and 8th grades of all four Evanston junior high schools. This group indicated the need for a regular weekly program, chose the name "Step by Step," and grew to include the present 40 regular participants, 119 total enrolled.

The *goals* and *objectives* are to prevent too early pregnancies among high risk high school age students:

by providing education and information on general and developmental health, sexual responsibility, life values and goals;

by providing an outlet and structure for discussion of adolescent concerns in a setting of non-judgmental peer and professional support;

by providing information, experience and access to expanded life options and opportunities;

by providing practical support in life situations, through direct service advocacy and referral to community resources;

by providing positive role models of successful academic, social and career achievement.

2. Children Teaching Children tutoring project—Our Place

Adolescent pregnancy is closely correlated to poor performance in school, a low sense of self-esteem, and a lack of close personal relationships with positive and reinforcing role models and peers. Many of the target population of the Our Place program have low reading scores and are experiencing difficulty and discouragement in their school situations. This puts them at high risk of dropping out of school, teenage pregnancy, and related social problems linked to limited job options, poverty and dependency.

Family Focus proposes that Children Teaching Children, a peer-to-peer tutoring program, will radically improve reading achievement of tutors, improve the reading level of tutees, provide tutors with academic achievements and self-esteem, the provide all program participants with meaningful personal relationships with both peers and motivating adults, in a primary prevention effort at the junior high level.

The *goals* and *objectives* are to prevent initial and/or repeat pregnancies in young adolescents by enabling high-risk female students to be successful in academic efforts and continue in school:

by training selected eighth grade students to equip them with improved reading capabilities, tutoring/helping skills, and an increased self-esteem;

by supplementing classroom training in reading for low-achieving sixth and seventh graders, through a peer support and tutoring approach;

by establishing a reinforcing and positive role model support system through the tutor/tutee activities;

by giving financial reimbursement and recognition to academic achievement

3. Near Peer Support program—Our Place

The transition to high school is a very critical time particularly for high risk students. They may feel overwhelmed by the academic and social demands of the larger high school situation, and confused by choices and decisions open to them. This is especially true if they are not academically or emotionally ready for high school, do not have positive role models for academic achievement to whom they can relate, have a poor self image, and are vulnerable to peer pressures to participate in activities harmful to their success in high school. Without a positive experience at the beginning of their high school career, they are more prone to "drop-out," with early pregnancy one of the primary alternatives.

The Near Peer Support system links up 16-20 entering freshmen with 8-10 successful upper level high school students, in a supportive, role model and advocate relationship.

Candidates for the supporter positions are identified by Our Place staff in consultation with high school administrators and counselors. These supporters are students successfully established in their academic roles, with a healthy sense of self and their long range goals; they have the respect of their peers and their teaches, and are knowledgeable of the workings and resources of the school system. The freshmen recruited for the program have been identified by agency and school staff as at high risk of early drop-out or academic/social problems because of a history of poor school performace, lack of motivation, family background of sibling drop-out and/or pregnancies.

The goals and objectives are to prevent too early pregnancies among high risk, entering high school freshmen:

by providing a big sister/big brother model relationship with successful goal oriented upperclass students;

by providing a one-on-one relationship which will provide immediate access to information and help, and will serve as an early identifier of problem situations;

by establishing an outlet and structure for discussion of diverse adolescent concerns with peer and professional support;

by equipping upper level students with practical helping skills and a sense of responsibility to other students;

by providing school administrators, counselors and teachers with information on procedures and situations which may be deterring students from achieving academic goals.

4. Partners, Sisterhood and Brotherhood Project—Our Place

National projections indicate that 4 in 10 young girls will become pregnant at least once in their teens and two of them will have their babies—one million teen pregnancies a year. In Illinois, 1 in 6 babies born will have teenage mothers. Teen pregnancies indicate a higher incidence of child abuse and neglect; contribute to high infant mortality rates due to low birth weight, inadequate or no prenatal care, and ignoring of well baby care due to lack of resources and information; involve premature and low birth-weight infants, leading to birth injuries, abnormalities and illnesses; perpetuate the poverty cycle of females linked to a lessening of educational and vocational opportunities.

Family Focus has developed a program of one-on-one role models and peer relationships:

to decrease number of teen pregnancies, partricularly second pregnancies, which lock adolescent parents and their children in a cycle of poverty and dependency;

to provide support and practical assistance to pregnant and parenting teens and provide them an opportunity to achieve optimal potential;

to ensure healthy growth and development of children of teenagers;

to involve adults members of community in caring and acting to prevent and alleviate problems related to teen pregnancies.

Program Plan.—Partners Program links up to 24 pregnant teens to 8 mature community women, once teen parents themselves, who have successfully managed their parenting, social and economic roles, to provide practical support which can only come from similar shared experience; reinforce health and parenting information and professional staff interventions, and maintain one-to-one followup during critical and traumatic pregnancy, birth and early parenting periods; prevent or at least delay repeat pregnancies by aiding teens to define values related to sexual responsibility, and assess the practical realities and demands of good parenting; in weekly dinner/discussion sessions, personal and phone contacts.

Sisterhood involves 30-40 teen mothers in a self-help network, to share parenting and personal experiences in weekly dinner and group meetings with peer and professional support; provide support to mothers in the 18 to 20 year range who might otherwise fall between program areas and facilitate their access to other community resources; and provide referrals and support for opportunities for continuation and completion of educational goals and vocational plans.

Brotherhood involves 30 young men (teen fathers, partners of pregnant women, and those who are sexually active) in male-staffed (professional and volunteer) individual and group programs, to establish personal values and attitudes about responsible sexuality and the father role among teens who have little or no experience with positive male role models in their lives; develop practical ways to be supportive of the teen mother; provide information on the development of children as a basis for developing fathering skills; to provide direct training, information and referrals to develop life skills and educational/vocational opportunities to ensure personal and economic independence.

Extended Family

The problem of adolescent pregnancy is a complex and significant one which affects the entire community. It is therefore imperative that the parents and families of all teenagers be equipped and enabled to provide the information, support and direction to their children which will prevent too early pregnancies or at least lessen the effects of the multi-faceted problems faced by the teens, their children and families. Too often these parents are without information and encouragement which will enable them to provide strong and positive direction, and their own experience and lack of resources limit their own potential and ability to see and offer options.

Family Focus proposes, as an integral part of the Our Place program plan, a project to contact and involve parents and extended family members of all pregnant and parenting adolescents and other teens actively connected to our program, as well as adult community members concerned about teen pregnancy, and the families of teens at risk of early pregnancy.

The goals and objectives are to prevent initial and/or repeat pregnancies in adolescents and to lessen the problems related to too early pregnancies:

by developing supportive family systems for the pregnant and parenting adolescent which will reinforce the health, developmental and parenting education provided to the teens;

by providing parents with information, resources and skills which will enable them to openly transmit information and give positive direction to their teen children;

by working through problems between family members, particularly teens and their parents, and encouraging family members to be supportive and accept responsibilities for the teen mother and new child;

by providing adult community members with information and an outlet for discussion which will help them to acknowledge and become involved in the prevention of adolescent pregnancy and its problems.

STATEMENT OF BELVA JOISE HILL

Ms. HILL. Hi, my name is Belva Joise Hill and I'm going to tell you a story:

I dropped out of high school at 16 years old along with being kicked out repeatedly for fighting. I didn't know who I was or why I even existed or what my purpose was. My mother said, "You better go to school," but that was it. No sternness from her. For 2 years I hung out all night, slept all day. My moral value systems had deteriorated. I had no demands to meet. I soon became pregnant. I was so happy, I finally had a purpose, something to do—be a mother. My mother was furious, no way was I going to bring a baby into "her" house. "You're going to finish school first," et cetera, et cetera. After about 5 months into the pregnancy, I had a miscarriage. I felt even more empty than before. Incomplete. So by

the time I was 18, I was pregnant again. I grew further away from my mother than ever before.

I gave birth to a boy. Seems like I would have been a little bit more prepared for motherhood, age wise, than the teenage mothers of today. I was less ready than even I would've imagined. My son was born premature. So I left the hospital without my son. I was a mother without a child. For 7 weeks, I had no practice at all. So I did what I knew best: Be 18 and act fancy and free. My son soon came home. No more coming and going as I pleased—no more fancy and free. I was trapped, but I was determined to handle it regardless of the mistake I soon realized I had made. I also realized I needed help. My mother's attitude was, "You made the bed, so you have to lie in it."

I was able to get aid for dependent children [AFDC]. A monthly check, medical card and food stamps. Then I asked, "What am I doing for myself and my son?" I was totally dependent on this support. That just wasn't me. I wanted more. So I decided to go to work. I had never worked before, so what experience did I have to offer? I had no high school diploma, so what academic achievements did I have? For 2 years this vicious circle revolved around me. I landed a minimum-wage-paying job that I hated and struck out.

Family Focus had opened a center not far from my house. Convenient and very much needed. It offered child development, parent development, a happy, warm, secure environment, and for me a home away from home. The center became popular. A demand for individualized attention. The teenage mothers felt they needed someone to call their own—sometimes above the call of staff duties before and after hours. The staff realized this and recognized the need for the individualism. The "group" I was in was not the first era of teenage mothers. Mrs. Holmes put her head together and came up with the idea of pairing the younger teen mothers with older mothers who had been teen parents. The purpose of sharing something in common. They had been there once before. The group was called Partners. We grew and so did the needs. Young girls came into the program and we, the first group grew older, our needs were different. We then formed an elite group called "Sisterhood for girls 18 years of age and older".

I knitted myself into Family Focus for everything. I could call them when I couldn't come to mama. They didn't pamper me. They communicated that I was capable of doing what had to be done, they pointed me in the right direction. They scolded me when I was wrong and gave me praise when I did good. They supported me when I was weak and were there when I was strong. In my Sisterhood group for which I give much praise, I was able to be me. The real me. I gained a sense of being in this group.

I began working for Family Focus in January 1988. I've now worked my knowledge into helping others in a preventive aspect "Heading them off at the pass." "Them" being the junior high population. I am working with a tutoring program with the same partner system: Pairng a freshman with low reading scores with a sixth, seventh, or eighth grader to enhance the reading achieve-

ment of both. To give the upper classman a feeling of being useful, helping someone. The self-esteem rises for both groups. A feeling of self-worth is what I realized I liked so much in myself when I was at that stage.

In the evolution of 4 years, I have come from an unemployed teenage drop-out to a dual purpose person. My purpose in working: prevention; my purpose in life—being a mother.

I thank you all for your time.

[Prepared statement of Belva Joise Hill follows:]

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In the evolution of four years, I have come from an unemployed teenage drop-out to a dual purpose person. My purpose in working: prevention; my purpose in life—being a mother.

I thank you all for your time.

STATEMENT OF PATRICIA MAPP, DIRECTOR, WISCONSIN CHILDREN'S AUDIT PROJECT, CENTER FOR PUBLIC REPRESENTATION, MADISON, WIS.

Ms. MAPP. The Children's Audit project at the Center for Public Representation in Madison, Wis., has worked since 1980, first, to help local Children's Audit Committees in six Wisconsin communities to assess their needs for children's services, second, to prepare a Children's Audit Manual describing available resources and the flow of State and Federal dollars to local communities, and third, to work with statewide organizations and the State legislature to fulfill a children's political agenda for basic preventive services.

I should briefly like to describe how these combined activities led us to pursue enactment of the children's trust to prevent child abuse in Wisconsin.

Local audits. At the local level, in Eau Claire, Dunn, Poll, and St. Croix Counties; in Oshkosh, Green Lake, and Sheboygan, we learned that there is broad public support for prevention programs that serve children and strengthen families. Among the most valued resources are Head Start, WIC—supplemental food program for women, infants, and children—immunization, social service child care, and the child care and school food programs.

But the highest priority among preventive programs was placed on parenting programs. By parenting programs, our participants describe a range of self-help, parent education, and parent-support programs. Our informal needs assessments showed that parents and community leaders believe that such parent groups lead to more confident parents who are less likely to abuse their children. It is generally acknowledged in our State—that claims to be at one with both progressive and conservative traditions—that most parents need and appreciate the help of family, friends, and community in raising their children. Child development information, knowledge of services, and encouragement are some of the desired ingredients of parenting programs. But school personnel, extension home economists, county nurses, and parents agreed that few resources have existed to promote prevention of child abuse and neglect through a variety of parenting programs.

State data. Beyond the let's do more with parents theme at the local level, we also gained justification for preserving preventive services and developing new ones through our work on the Children's Audit Manual. This book describes the flow of State and Federal dollars to local communities. It reveals that even the most cost effective of Federal and State preventive programs reach only a fraction of eligible families. We serve only 20 percent of those children eligible for Head Start, 40 percent of WIC eligible, and 18 percent who could receive comprehensive health screening. We also learned that in spite of a 13-percent increase in reports of child abuse and neglect over the last 4 years, no funds are earmarked for child-abuse prevention.

Political agenda. Therefore, in the children's political agenda phase of our project, we dedicated ourselves to the preservation and full use of existing resources, to supplementing lost dollars, and to creating a children's trust for the prevention of child abuse and neglect.

Wisconsin is suffering from a sick and sinking economy. Our most vulnerable low income and handicapped families have suffered deeply. One measure of the suffering has been the correlation between high unemployment and increased incidence of child abuse and neglect. A 3-percent increase in unemployment in Kenosha and Racine Counties are paralleled by a 125-percent increase in reports of abuse and neglect in 1982.

At the beginning of the present legislative session our Governor and Legislature acknowledged the tragic problem of abuse and neglect, but pledged themselves to absolutely no new programs. In January 1983, personal income taxes were raised by 10 percent, all designated to meet the State's deficits. No State dollars were appropriated to fill reductions in maternal and child health, AFDC child care, child-care food or immunization programs.

We sized up the grim realities of the needs of our State budget and of our State's children, and came up with the children's trust as the only hope for addressing child abuse and neglect prevention. With a coalition of highly motivated and dedicated groups—the Junior League, Parents Anonymous, the Exchange Clubs, and the Wisconsin Chapter for the Prevention of Child Abuse—we identified sponsoring legislators, drafted legislation, and conducted an intense public education campaign to impress on Wisconsin citizens our collective responsibility for curtailing this major debilitating childhood syndrome.

How the trust works. The resulting children's trust to prevent abuse and neglect, signed into law in July 1983, will yield upwards of $300,000 per year for prevention programs. No new taxes were levied. Rather, a $2 surcharge was added to the cost of copies of birth certificates. In addition, private contributions to the trust will be invested to supplement the amount available for community child abuse and neglect programs. We expect to have a Child Abuse and Neglect Prevention Board and executive director at work by January 1984, and grants made to community groups by April 1984. We certainly rejoice in the responsiveness of our State government to the compelling arguments for child-abuse prevention, and we urge Congress to assist in the dissemination of the idea to other States.

States need help. At the same time we urge you, on behalf of children and families in Wisconsin, to reaffirm national leadership in such critical preventive services as maternal and child health, child care, immunization, Head Start, child-care food, health screening, and WIC programs. It is our belief that these services are at the core of child abuse and neglect prevention; they allow children to grow and thrive, and they complement the primary role of parents in raising their children. They prevent suffering and they save dollars in the long run. And, as emphatically as we can confirm that there exists a deep concern throughout Wisconsin for the well-being of children, we can also tell you that we could never sustain the present level of services without continued Federal

commitments to all children in all States. We are looking to this committee to represent children as strong clients with strong claims on this country's resources.

Thank you for the opportunity to share the potential and limitations of one State's experience in responding to the needs of children and families.

[Prepared statement of Patricia Mapp follows:]

PREPARED STATEMENT OF PATRICIA MAPP, DIRECTOR, CHILDREN'S AUDIT PROJECT

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[From the Milwaukee Sentinel, September 21, 1983]

Speakers Urge Aid for Children

(By Neil H. Shively)

Madison.—The needs of children tend to be forgotten in times like these when government's focus is on economic development, speakers said at a forum on children's issues here Tuesday.

"I go around and all I hear is economic issues," said Rep. Jeannette Bell (D-West Allis), a speaker at a conference on Children's Political Agenda, sponsored by the Center for Public Representation.

"We hear so much about investing in business that at times, it drowns out another investment we should make—in our children," Bell said.

Bell and former state Sen. Warren Braun, now in social ministry for the Archdiocese of Milwaukee, lamented the apparent disregerd for children's programs at a time when state financial resources are scarce.

Braun, alluding to the political current toward spending state dollars on business incentives, laced his comments with sarcasm.

"What we will do is provide not toys for children, but for business executives," he said. Wisconsin has never effectively increased jobs through tax breaks, he added, "and we're not doing it now."

The group of about 50 attending the conference was warned that state tax resources will continue to be scarce.

James R. Morgan, president of the Wisconsin Taxpayers Alliance, predicted that "we will not return to the good old days when you see recovery and the state treasury overflowing.

"It's tough. It's as bad as I've ever seen." Morgan said. "I can't see Wisconsin turning around very soon."

There is practically no possibility that the state will return to normal 5% unemployment, Morgan said. The current jobless level is at 9.4%.

One goal of the conference is to shore up children's programs that help prevent larger costs in the courts and corrections institutions that occur because of lack of attention.

Nancy Kaufman, deputy director of the state Bureau of Community Health/Prevention, said the state budget spends $280 million to run corrections, but has allocated only $1 million for maternal and child health programs.

Even that $1 million, spent on family planning didn't exist until a few years ago, she said.

Kaufman warned that "we can do some things, but we can't do everything" to improve the lot of children. She mentioned a successful communicable disease prevention program that drastically reduced incidence of measles and German measles and a current effort to improve the mortality rate of newborn children.

Bruan said the economic recession was unkind to children. Decisions to close plants, he said, probably were based on economics—"profits"—without looking at the "violence against the family" that was caused by layoffs.

He criticized a move to phase out the state's inheritance tax over five years, a program eventually costing $60 million per year and intended to keep wealthy retirees in the state and help some small businessmen and farmers.

"We don't have any five-year program for children," Braun said.

STATEMENT OF INEZ L. WAGNER, EXECUTIVE DIRECTOR, PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT

Ms. WAGNER. Good morning. I am very grateful for this opportunity to share with you my experience regarding child sexual abuse.

The Program for Aid to Victims of Sexual Assault, Inc., PAVSA, is a nonprofit organization which began as a volunteer effort in Duluth, Minn., in 1975. Today PAVSA serves a three-county, 9,000 square mile area which is predominantly rural in northeastern Minnesota. Our program services can be placed into three general categories: One, free and confidential assistance for victims of sexual assault and their families; two, community education and prevention assistance regarding the issue; and three, specialized training for community professionals who work with victims of sexual assault and families.

In early 1980, PAVSA was beginning to see a growing number of older adolescents and adults who had been previous victims of child sexual abuse and were now seeking our services. We believed then that the sexual abuse of children in our area was a far greater problem than what either our statistics or those of other agencies were reflecting.

We began to conduct in-service training sessions for teachers on the mandatory reporting law as it applies to the sexual abuse of children. As more teachers were able to identify the signals that a child trapped in a victimizing situation gives out and were reporting their suspicions to the social services department, our statistics gradually increased. By the end of 1980, it had become very clear to us that having well-informed professionals who would watch for and report cases of child victimization was somewhat effective, however, we needed to get information directly to the children if we were to truly intervene on their behalf and prevent future victims.

In November 1981, PAVSA started the child sexual abuse prevention project with the financial support of a local fraternal organization, the Independent Order of Foresters. The goal of the project was to take a prevention program into every elementary classroom in our area. We chose the "Touch Continuum" which was developed by Cordelia Kent and the Illusion Theatre from Minneapolis as the curriculum. It helps children identify good, bad and confusing touches; their private body parts and why they are called private; and resources for help should they have a touching problem. Because the project merely asks the questions and clarifies misinformation for the children, it is appropriate for all children from 4 to 12 years of age.

After piloting the project to grades K-6 in four Duluth schools, the police department experienced a 220-percent increase in reported cases over the same period the previous year. We were beginning to see the effectiveness of the project in helping children, who were being abused, to tell someone and ask for help. In the following year, as we took the project into schools in the surrounding Iron Range area, we saw the reports of child sexual abuse cases increase from 200 percent to 350 percent in the various communities.

To date, PAVSA has taken the child sexual abuse prevention project into over 500 elementary classrooms and reached over 12,000 children in the three-county area. I would like to share some of our previous suspicions that were validated through this project.

We learned that the national estimate of one-in-four girls being the victim of sexual abuse before 18 years of age appears to be accurate. There is seldom a classroom in which we do not find children sharing an abusive situation. The abuse ranges from the terror of an adult exposer to a child being fondled or even manipulated into oral sex and intercourse.

We found that it is also true that the offender is usually someone that the child knows and trusts. Over 95 percent of our cases involve a relative or friend of the child. The offenders in our area have been of every age, race, religion and educational background imaginable. More often than not, they are of above-average intelligence and respectible members of the community. We have seen business professionals, teachers, clergy, politicians, and physicians—just to name a few.

For every offender, there are often multiple victims. It has been most often men who are reported as offenders, however, we have seen female offenders as well. They are not psychotic or mentally ill but they do have a significant problem. They get their sexual gratification by victimizing our children.

The victims are also from every imaginable background. They are most often girls but the number of boys is increasing. In 1982 male victims represented 10 percent of PAVSA's cases. In the first 6 months of 1983 they represented 38 percent of the cases. It is clear now, that not only little girls are vulnerable to the sexual abuse of adult men.

Children are most vulnerable to sexual abuse between the ages of 3 and 8 years old because they are very trusting at those ages and they have no understanding of what is sexual. They are very easily bribed, manipulated or threatened into sexual acts by someone who is older and bigger, especially someone they love and trust. They seldom tell anyone until years later because they are told it is a secret and we all know how important secrets are to keep—particularly if it is a family secret.

We have learned that child victims who remain trapped and receive no intervention often develop severe emotional and behavioral problems in adolescence and adulthood. Studies conducted in Minneapolis in 1980 indicated 60 percent to 80 percent of the females in local chemical dependency treatment programs, and 55 percent of the females in the city's psychiatric units were victims of sexual abuse within their family. In Duluth during 1981, 72 percent of the adolescent and adult incest victims reporting were receiving inpatient mental health care.

As a result of the Prevention Project we have seen the reverse to also be true. Early intervention of children in sexually abusive situations enables them to talk about their experiences, understand that it was not their fault, and go on to put the abuse in perspective.

We have learned that there are many secondary victims in every incident of child sexual abuse. Every adult or older family member who believed that they could always protect the child from this type of violence is a victim. Every family or community member who feels they should have known or actually did know and could not deal with that as reality, is also a victim.

In 1982, 78 percent of PAVSA's child cases involved sexual abuse within a family unit. Incest. Over one-half of the time the offender was the natural father of the child. In many of these cases there were both male and female victims within that family. The abuse was often reported in more than one generation of the family and many of the reported offenders were previous victims.

The dynamics of incest, like chemical dependency, affect every member of the family. Since many of the offenders were otherwise responsible community members with no previous criminal records, they were receiving very minimal, if any, sentence and staying within their community.

It was obvious that if we were going to realistically deal with incest we needed to have local treatment alternatives for offenders, victims, and other family members. Working together with the local social services department and the existing mental health centers, we have been able to implement outpatient family sexual abuse treatment programs in both Virginia, to serve the Iron Range communities, and Duluth, Minn. Both of these programs continually operate with full client loads and there is a permanent list of individuals waiting to be admitted.

It will be many years before we have positive proof that early intervention and treatment of both child sexual abuse victims and offenders is effective in reducing the incidence of this crime. We have learned that it is not harmful to talk to our children about sexual abuse and provide them with the necessary safety information. We have also proven that talking about it gives alternatives and permission to tell to those children who are already victims.

In closing, I would like to remind you of the power we have as a unified group. In the 1950's polio was a major threat to our children The government, businesses, and individuals mobilized hundreds of millions of dollars to fight that disabler. Thankfully, polio was conquered.

This year, 1983, it is estimated that over 100,000 children will be sexually abused in this country. They will fall prey to an emotional disabler.

I believe it is time we devote the same kind of money and energy toward protecting our children from this threat. You have the power to initiate that movement.

Thank you.

[Prepared statement of Inez L. Wagner follows:]

PREPARED STATEMENT OF INEZ L. WAGNER, EXECUTIVE DIRECTOR, PROGRAM FOR AID TO VICTIMS OF SEXUAL ASSAULT, DULUTH, MINN.

Good morning. I am very grateful for this opportunity to share with you my experience regarding child sexual abuse.

The Program for Aid to Victims of Sexual Assault, Inc. (PAVSA) is a non-profit organization which began as a volunteer effort in Duluth, MN in 1975. Today PAVSA serves a 3 county, 9,000 square mile area which is predominantly rural in Northeastern Minnesota. Our program services can be placed into 3 general categories: (1) free and confidential assistance for victims of sexual assault and their families; (2) community education and prevention assistance regarding the issue; and (3) specialized training for community professionals who work with victims and families.

In early 1980 PAVSA was beginning to see a growing number of older adolescents and adults who had been previous victims of child sexual abuse and were now seeking our services. We believed then that the sexual abuse of children in our area was a far greater problem than what either our statistics or those of other agencies were reflecting. We began to conduct inservice training sessions for teachers on the Mandatory Reporting Law as it applies to the sexual abuse of children. As more teachers were able to identify the signals that a child trapped in a victimized situation gives out and were reporting their suspicions to the social services department, our statistics gradually increased. By the end of 1980, it had become very clear to us that having well informed professionals who would watch for and report cases of child victimization was somewhat effective, however, we needed to get information directly to the children if we were to truly intervene on their behalf and prevent future victims.

In November, 1981, PAVSA started the Child Sexual Abuse Prevention Project with the financial support of a local fraternal organization, the Independent Order of Foresters. The goal of the project was to take a prevention program into every elementary classroom in our area. We chose the Touch Continuum which was developed by Cordelia Kent and the Illusion Theatre from Minneapolis as the curriculum. It helps children identify good, bad and confusing touches; their private body parts and why they're called "private"; and resources for help should they have a "touching problem". Because the project merely asks the questions and clarifies misinformation for the children, it is appropriate for all children from 4-12 years of age.

After piloting the project to grades K-6 in four Duluth schools, the Police Department experienced a 220 percent increase in reported cases over the same period the previous year. We were beginning to see the effectiveness of the project in helping children who were being abused to tell someone and ask for help. In the following year, as we took the project into schools in the surrounding Iron Range area, we saw the reports of child sexual abuse cases increase from 200-350 percent in the various communities. To date, PAVSA has taken the Child Sexual Abuse Prevention Project into over 500 elementary classrooms and reached 12,000 children in the three county area. I would like to share some of our previous suspicions that were validated through this project.

We learned that the National estimate of 1 in 4 girls being the victim of sexual abuse before 18 years of age, appears to be accurate. There is seldom a classroom in which we do not find children sharing an abusive situation. The abuse ranges from the terror of an adult exposer to a child being fondled or even manipulated into oral sex and intercourse.

We found that it is also true that the offender is usually someone that the child knows and trusts. Over 95 percent of our cases involve a relative or friend of the child. The offenders in our area have been of every age, race, religion and educational background imaginable. More often than not, they are of above average intelligence and respectable members of the community. We have seen business professionals, teachers, clergy, politicians and physicians—just to name a few. For every one offender, there are often multiple victims. It has been most often men who are reported as offenders, however, we have seen female offenders as well. They are not psychotic or mentally ill but they do have a significant problem. They get their sexual gratification by victimizing our children.

The victims are also from every imaginable background. They are most often girls but the number of boys reported is increasing. In 1982 male victims represented 10 percent of PAVSA's cases. In the first 6 months of 1983 they represented 38 percent of the cases. It is clear now, that not only little girls are vulnerable to the sexual abuse of adult men.

Children are most vulnerable to sexual abuse between the ages of 3 and 8 years old because they are very trusting at those ages and they have no understanding of what is sexual. They are very easily bribed, manipulated or threatened into sexual acts by someone who is older and bigger, especially someone they love and trust. They seldom tell anyone until years later because they are told it is a secret and we all know how important secrets are to keep—particularly if its a "family secret."

We have learned that child victims who remain trapped and receive no intervention often develop severe emotional and behavioral problems in adolescence and adulthood. Studies conducted in Minneapolis in 1980 indicated that 60 to 80 percent of the females in local chemical dependency treatment programs, and 55 percent of the females in the city's psychiatric units were victims of sexual abuse within their family. In Duluth during 1981, 72 percent of the adolescent and adult incest victims reporting were receiving inpatient mental health care.

As a result of the Prevention Project we have seen the reverse to also be true. Early intervention of children in sexually abusive situations enables them to talk about their experiences, understand that it was not their fault, and go on to put the abuse in perspective.

We have learned that there are many "secondary" victims in every incident of child sexual abuse. Every adult or older family member who believed that they could always protect the child from this type of violence is a victim. Every family or community member who feels they "should have known" or actually did know and could not deal with that as reality, is also a victim.

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STATEMENT OF EDWARD P. EHLINGER, M.D., DIRECTOR, PERSONAL HEALTH SERVICES, MINNEAPOLIS DEPARTMENT OF HEALTH, PUBLIC HEALTH CENTER, MINNEAPOLIS, MINN.

Dr. EHLINGER. Children, youth, and families are a special population in our society. They are special because of their unique needs and because the future of our society is profoundly affected by their physical and mental health and development. Despite this, the special needs of children and families are often neglected while the needs of groups with more political and economic influence receive an inordinate amount of attention and resources. Maternal

and child health advocates have recognized this for years and have lobbied for programs to specifically address the needs of this vulnerable population.

The results of their efforts is evidenced by the decline in the U.S. infant mortality rate from over 100 deaths per 1,000 live births in the early 1900's to a rate of 11.2 in 1982. Even more impressive has been the decline in Minnesota's overall infant mortality rate from over 100 in 1900 to 9.4 in 1982. The gains have been so dramatic that the Minnesota Department of Health in its 1982 publication, "Healthy People—The Minnesota Experience". stated that, "Children in Minnesota are more healthy today than at any previous point in history," and the Metropolitan Council stated in June 1983 that the percentage of high risk babies in the metropolitan area may have reached the lowest possible level.

However, these optimistic statistics and statements hide a disturbing reality in Minnesota—the reality that not all groups are sharing equally in the benefits of our health and social service system. Minority and low-income populations in particular are bearing the burden of this inequity. Minneapolis, which contains one-third of all Minnesota's minorities and which has a median income 7 percent lower than the State as a whole, clearly manifests the disparities that exist in Minnesota.

I will present some data on minority and low-income populations in Minneapolis which underscores this disparity. Most of these problems can be extrapolated to the rest of Minnesota.

In the 3-year period 1979-81, the infant mortality rate for blacks and native Americans was 2½ times that for whites. These rates of over 23 deaths per 1,000 live births are similar to the rates in many developing countries. Equally disturbing is the fact that in the previous 10 years the rate for whites improved by over 50 percent while the rates for blacks and Native Americans remained virtually unchanged.

In the neonatal period, the first 30 days of life, native Americans have death rates similar to whites, while blacks have rates almost twice as high. In the post-neonatal period, 1 month to 12 months, the death rate for blacks and native Americans is three-to-four times that of whites. This has implications for health planners. Blacks need assistance with both maternity and child health services while native Americans could benefit more from programs targeted to families after birth.

Another statistic that reflects the inadequacy of family planning services is the birth rate for blacks and native Americans that is respectively two and three times that for whites.

Stable mortality data are not yet available for the Southeast Asian refugees that have immigrated to Minnesota in large numbers since 1979. However, given their multiple and closely spaced pregnancies, their late age of childbearing, their 21 percent rate of positivity for hepatitis B, their higher incidence of anemia, their poverty, and given their lack of knowledge of English and Western health care, it is obvious that Southeast Asians are at increased risk for poor health.

Besides minority status, low income also affects the health status of individuals and families. In low income neighborhoods in Minne-

apolis, the infant mortality rate is twice that of more affluent neighborhoods.

Teenage pregnancy is a problem among all groups. In 1981, 11.6 percent of all births and 22.7 percent of all abortions in Minneapolis were to teens. Of those receiving abortions, 18.9 percent had prior abortions. Among teens in low-income neighborhoods, the pregnancy rate has reached epidemic proportions. The birth rate among teens in low-income neighborhoods is four times that of the rest of the city, 101.8 births per 1,000 population compared to 28.2. This means 1 of 10 teens in low-income areas gives birth each year. This doesn't include the abortions which probably equal the number of births. The out-of-wedlock births parallels this with 45.4 percent of births in low-income areas being to unwed women compared to 14.7 percent in the rest of the city.

From this brief overview it is obvious that minority and low-income populations in Minneapolis and Minnesota are not sharing equally in the benefits of our health system. They have problems gaining access to health services and cannot afford the care they do receive. They gamble with serious and expensive illnesses by trying to save a few dollars by delaying preventive services. They often lose.

Funding reductions over the last several years have jeopardized the existence of many public programs that serve low-income and high-risk individuals and families. This combined with the growing reliance on competition to control health care costs has made the status of minorities and the poor even more tenuous. No one wants to compete for these groups. If the public doesn't support these high risk populations in their quest for basic and essential health services, we may see a worsening of some already dismal health status indicators.

Our country needs to reassess its priorities, and basic health care for children, youth, and families need to be put on the top.

[The attachments to Dr. Ehlinger's statement follow:]

INFANT, NEONATAL, AND POSTNEONATAL MORTALITY BY RACE
THREE YEAR AVERAGE RATES, 1970 - 1981*

MINNESOTA

YEAR	INFANT MORTALITY RATE			NEONATAL MORTALITY RATE			POSTNEONATAL MORTALITY RATE		
	WHITE	BLACK	AMERICAN INDIAN	WHITE	BLACK	AMERICAN INDIAN	WHITE	BLACK	AMERICAN INDIAN
1980	10.1	25.1	14.2	6.6	15.3	5.1	3.5	7.9	9.1
1979	10.6	23.3	15.5	7.1	14.1	7.3	3.5	9.2	8.2
1978	11.0	24.3	15.1	7.7	15.2	8.0	3.3	9.1	7.1
1977	12.1	24.7	16.2	8.6	16.5	9.4	3.4	8.2	6.8
1976	12.7	24.4	17.0	9.3	16.9	9.5	3.3	7.6	7.5
1975	13.9	24.0	19.3	10.4	16.2	9.1	3.5	7.8	10.2
1974	14.4	24.8	17.8	11.0	16.5	6.7	3.4	8.3	11.1
1973	15.5	27.1	16.8	11.7	19.5	5.3	3.8	7.6	11.4
1972	16.4	29.1	18.1	12.5	22.3	8.3	3.9	6.8	9.8
1971	17.1	26.7	20.7	13.2	20.6	12.7	4.0	6.2	8.1

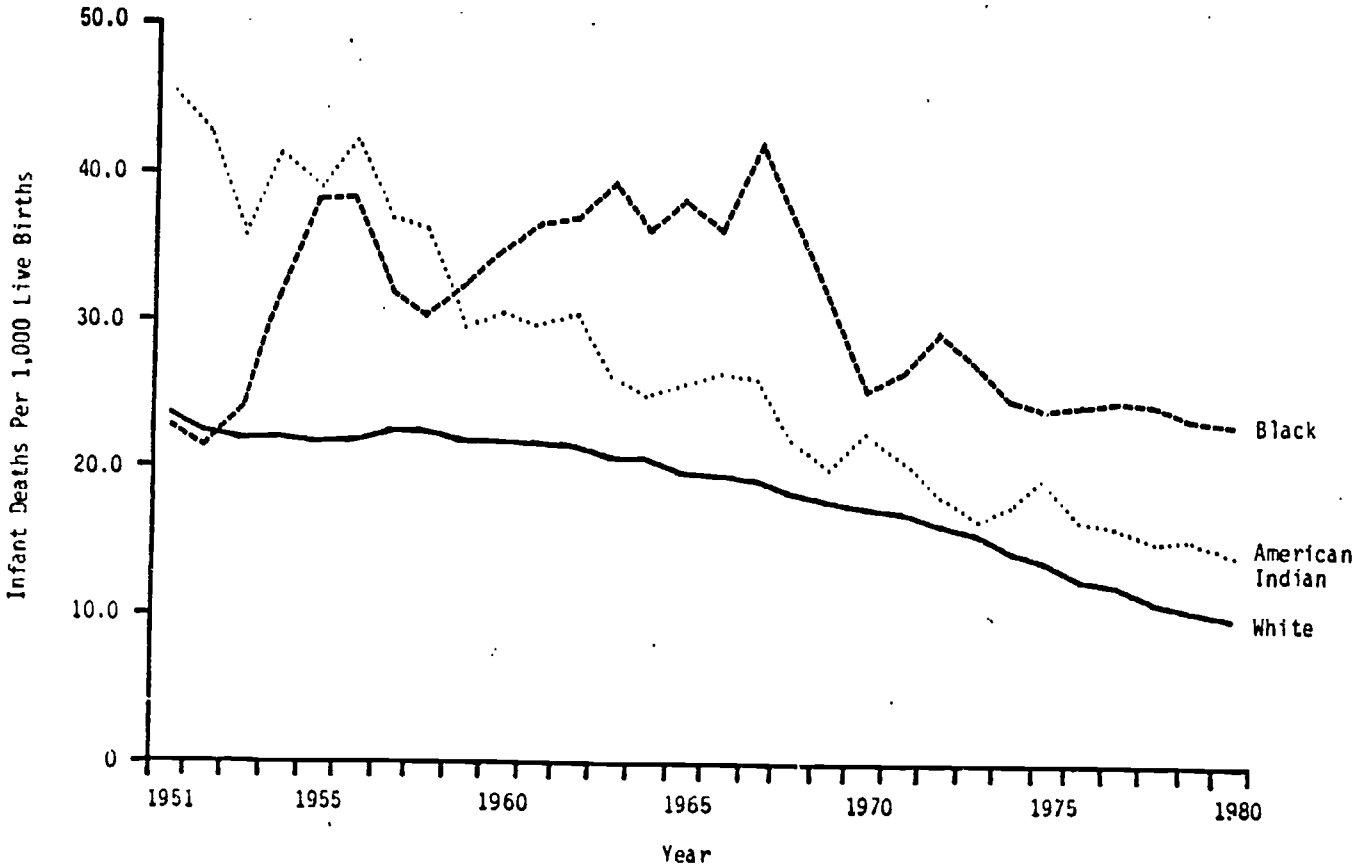
MINNEAPOLIS

YEAR	INFANT MORTALITY RATE			NEONATAL MORTALITY RATE			POSTNEONATAL MORTALITY RATE		
	WHITE	BLACK	AMERICAN INDIAN	WHITE	BLACK	AMERICAN INDIAN	WHITE	BLACK	AMERICAN INDIAN
1980	9.6	23.0	25.1	6.3	14.1	11.6	3.3	9.0	13.5
1979	10.7	25.2	13.6	7.7	13.4	8.8	3.0	11.8	10.8
1978	11.6	28.0	15.7	8.3	16.4	8.4	3.4	11.6	7.3
1977	12.2	29.2	24.0	9.2	18.6	12.6	3.0	10.7	11.4
1976	14.0	27.2	29.6	10.5	17.0	18.2	3.6	8.2	11.4
1975	15.4	26.1	36.2	12.4	17.8	15.2	3.5	8.3	21.0
1974	16.3	27.0	29.9	12.2	19.2	9.1	6.3	7.8	17.0
1973	18.0	28.7	26.3	13.7	21.0	5.8	5.8	7.8	18.5
1972	17.2	27.8	20.3	11.0	23.4	7.8	6.2	6.4	12.2
1971	17.3	27.9	25.2	13.1	22.9	16.3	6.1	5.0	11.0

* RATES ARE BASED ON THE NUMBER OF INFANT DEATHS OCCURRING DURING THE YEAR OF AGE AND THE NUMBER OF LIVE BIRTHS IN THE YEAR. NEONATAL IS DEATH BEFORE THE 28TH DAY OF LIFE. POSTNEONATAL IS DEATH FROM THE 28TH DAY TO END OF YEAR OF AGE.
1981 DATA ARE PRELIMINARY.

Infant Mortality Rates By Race, Minnesota

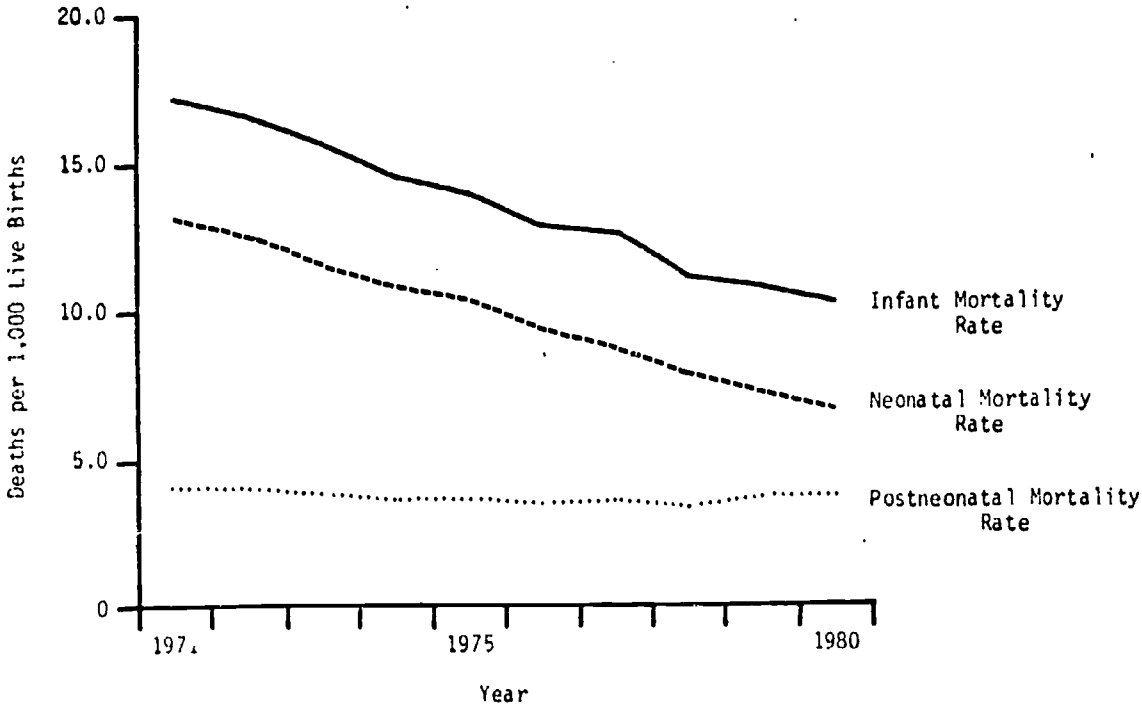
Three-Year Average Rates, 1950 - 1981*



*1981 Data are provisional.

Infant, Neonatal, and Postneonatal Mortality Rates

Minnesota, Three-Year Average Rates, 1970 - 1981*



*1981 Data are provisional.

LIVE BIRTHS AND REPORTED ABORTIONS TO MOTHERS UNDER AGE 20
MINNEAPOLIS, 1970 - 1981

	LIVE BIRTHS		REPORTED ABORTIONS*			
YEAR	NUMBER	PERCENT OF TOTAL BIRTHS	NUMBER	PERCENT OF TOTAL ABORTIONS	% WITH PRIOR ABORTIONS	ABORTION RATIO**
1981***	723	11.6	816	22.7	18.9	1129
1980	759	12.8	913	25.2	19.8	1203
1979	752	13.4	921	26.5	18.5	1225
1978	799	14.7	808	25.3	15.8	1011
1977	837	15.6	902	28.8	15.9	1078
1976	772	15.5	886	32.4	11.5	1148
1975	834	16.3	656	30.2	7.6	787
1974	851	16.4				
1973	907	17.5				
1972	1001	17.0				
1971	1184	17.2				
1970	1302	15.8				

* ABORTIONS REPORTED THROUGH THE MINNESOTA ABORTION SURVEILLANCE SYSTEM WHICH WAS INTRODUCED IN 1984. THE SURVEILLANCE IS VOLUNTARY AND THEREFORE SUBJECT TO PARTIAL AND INCOMPLETE REPORTING OF EVENTS, ESPECIALLY IN THE EARLY YEARS OF THE SYSTEM.

** ABORTIONS PER 1000 LIVE BIRTHS

*** 1981 DATA ARE PROVISIONAL

COMPARISON OF SELECTED INFANT HEALTH INDICATORS
FOR MINNEAPOLIS TARGET AREA AND NON-TARGET AREA
THREE YEAR AVERAGE RATES, 1979 - 1981*

	MINNEAPOLIS	TARGET AREA	NON-TARGET AREA
INFANT MORTALITY RATE PER 1000 LIVE BIRTHS			
TOTAL	12.5	17.3	9.2
WHITE	9.6	12.5	8.6
BLACK	23.0	23.7	20.7
AMERICAN INDIAN	25.1	29.2	4.7
BIRTH RATE PER 1000 POPULATION			
TOTAL	16.0	19.8	14.1
WHITE	13.7	14.5	13.4
BLACK	30.0	31.4	25.5
AMERICAN INDIAN	38.7	41.1	31.1
BIRTHS TO MOTHER UNDER AGE 20 PERCENT OF TOTAL BIRTHS			
TOTAL	12.6	19.5	7.8
WHITE	9.0	14.4	6.8
BLACK	25.3	27.4	17.5
AMERICAN INDIAN	28.0	28.3	27.0
BIRTHS LESS THAN 2501 GRAMS PERCENT OF TOTAL BIRTHS	6.9	9.0	5.5
BIRTHS TO MOTHERS UNDER AGE 20 RATE PER 1,000 FEMALE POPULATION AGE 15-19	51.7	101.8	28.2
BIRTHS TO TEEN MOTHERS PERCENT OF TOTAL BIRTHS	27.2	45.4	14.7

* 1981 DATA ARE PROVISIONAL

Chairman MILLER. Mr. Quie, you talked about the Minneapolis-St. Paul area, where your program is providing sex education in a number of schools and churches. Has there been an attempt to follow up to see what has happened with the population of the young people that receive the program you outlined?

Mr. QUIE. Not in the kind of research data I think we need. However, at the present time, that portion of the request for funds, I believe it was funded from the Office of Adolescent Pregnancy, Health and Human Services, so it expands into the public school, they will then be able to evaluate how it operated. I myself have visited with parents, teachers, and students in high school and they were at least able to talk with me about what it did for them in relationship to their attitude towards the opposite sex in their own life.

Chairman MILLER. I ask, because in our visit to this school's health clinic, we were told about pregnancy rates of 29 per 1,000 as compared to 80 per 1,000. In short, the rate of pregnancy among teenagers has dramatically diminished. What do you know about people who participated in your program?

Ms. HOLMES. We are just beginning to do studies. There are not as many teenagers getting pregnant but they are getting pregnant younger, getting pregnant under fifteen. We are seeing that trend.

Chairman MILLER. Was there some discussion that second pregnancies were greatly diminished?

Ms. HOLMES. Yes.

Chairman MILLER. My first question was about the repeat rate.

Ms. HOLMES. We have a very low repeat rate among the girls we were able to keep attracted to the program, involved in the program. That is one of the pitfalls of dropping the center. We don't have all the tracking for a school or health service to keep them involved. You really have to work real hard to involve them. That is why we have so many projects.

Chairman MILLER. Is there a lot of discussions among the girls about a second pregnancy, about the problem?

Ms. HILL. In that subject mum is the word. We are discouraged not to think about the future but in bringing up the one we have.

Chairman MILLER. There is obviously a substantial awareness that a second pregnancy just is not a good idea in terms of working out the problems you already have.

Ms. HILL. Right.

Ms. HOLMES. I guess it is important to get them to understand where they are with this one baby. If they really want to do something with that child themselves, then they have to make a future by finishing school or finding some kind of job, you cannot do that with another baby.

Chairman MILLER. I think it is important for members of the committee, to understand how dramatic a change there is in the life of a pregnant teenager. Certainly expectations and potential accomplishments are greatly diminished the moment the pregnancy occurs. Yet today we have seen three different examples of programs that have rather substantial impact on preventing first pregnancies and also repeated pregnancies, and all are run differently.

I think that is important for us in Congress to consider as we try to figure out the answers. It is important to educate young people on the kinds of really traumatic events they will face if they end up with a teenage pregnancy. We have seen many approaches today: the school program, Governor Quie's program, and community-based or church related facilities. They all can and do work.

Mr. QUIE. I should add the St. Paul Maternal and Infant Care Organization works with a program Catholic oriented or originated for development of this large pilot program which is operated in four to six high schools. I think that is something that is really significant because here is what started out a church related organization working with the public schools. It is really a separate welfare agency and they can cooperate and work together.

Chairman MILLER. I was delighted to hear some people will be here tomorrow from California to go through this program at Central High, to take a look at it. Is the State fund that you have put together, the trust fund going to allow the State to take over various programs that are currently being shared by State, local, and Federal governments?

Ms. MAPP. We have had a tremendous bipartisan support for the children's trust fund. It is one way to fund prevention programs derived from very minimal dollars, $300,000, in a State that spends $280 million on prisons. No one, for one moment, saw it as a panacea to meeting the essential needs of the family with food, health, health care, Head Start. When we approached the children's trust as an answer, it was only a small answer, almost symbolic. Because of the epidemic range of statistics in child abuse, a public feeling prevailed that you had to do something. But we always wanted to caution ourselves saying this isn't the whole answer. This may make us feel satisfied that we as a society, we as a State government, are doing something.

Chairman MILLER. Those funds are directed at child abuse?

Ms. MAPP. Directed at a variety of programs yet to be defined by this Child Abuse and Neglect Prevention Board. But the feeling is in other States--we were the seventh State to enact this legislation—the feeling is we need parent support groups, educating parents before they have children, as well as educating children in self-help skills for example when they are at home after school alone. There is a full range of programs that will be funded with community matching funds.

Chairman MILLER. In California, there was a similar type program for marriage licenses.

Ms. MAPP. Birth certificates, also.

Chairman MILLER. To be used for spousal abuse programs. Now everybody else is looking at that pool of money and trying to figure out how to get their hands on it.

Ms. MAPP. Our legislature has used, as a matter of fact—marriage license certificates to fund domestic abuse programs, and California also did use the birth certificate for the Children's Trust. It was a great inspiration to us. The greatest opposition was not the general public but those people who collected the fees at the county level. The registers of deeds and those people who buy those certificates, geneologists in particular.

Mr. MARRIOTT. Governor Quie, it is good to see you after a few years. I really appreciate everything you have said. I think child abuse and out-of-wedlock births are the two most significant problems of America today. We need to team together to solve these problems.

I want to ask Joise a question. You have been through some of these problems. I guess there is not much we are going to do. We can preach forever about premarital sexual activities, but the facts of life are kids seem to be more active than ever before.

Do you think there is enough education out there in school to help kids make decisions not to be teenage parents?

Ms. HILL. No.

Mr. MARRIOTT. I have been promoting mandatory parenting classes in school. When I first went to—this is off the subject—high school back many years ago, and they used to tell us not to smoke. Smoking was the big deal back when I was in school. So we went out behind the school and had a few puffs and then headed back. It wasn't until they showed a movie of actual open heart surgery, pulling out this black lung, that we got off cigarettes in a hurry.

The question is, do kids today know what happens to teenage mothers and know the chances of having another child is fairly great? Do you think some type of mandatory program in school would help us cut down on the out-of-wedlock births?

Ms. HILL. If they dealt with the straight-up facts. Too many times you see the "miracle" of childbirth. It doesn't work that way. It is all too glorified. The child comes home and at 2 a.m. in the morning I am getting up, stitches and all—you get up.

Mr. MARRIOTT. I think that is significant. There is a big argument about whether or not planned parenthood is good or bad, whether this is increasing promiscuity or sexual activity or not. It seems to me we ought to get off of that issue and get on to what she is talking about; really educate the kids.

Dr. EHLINGER. Education related to sexual activity is like chicken soup: It can't hurt. However, sex education does not address all the other factors that are at play. Factors such as adolescents themselves having a lot of denial that these things won't happen to me. In addition their way of processing things is different. They know a lot of this information already. There are also the stresses of minority status and low income. Having a baby fulfills some kind of need. There are a lot of stresses in the adolescent population which have to be addressed by programs and services that go beyond just what can be given through straightforward education programs.

Mr. MARRIOTT. It is my understanding that kids in general do not know all the facts. We know about sex but not about some problems.

If you knew then what you know now, would you have gotten pregnant?

Ms. HILL. No, not when I did. I probably would have finished a lot of things I wanted to do. Then maybe have a kid—maybe.

Mr. MARRIOTT. Out of wedlock?

Ms. HILL. Maybe. I am a loner.

Mr. MARRIOTT. Do you think that teenagers are getting pregnant and having children today because they did not receive love and affection at home and need someone to love and to be loved by?

Ms. HILL. That is a part. They have done everything they know how, and this is the only thing they cannot turn back on. They want results.

Ms. HOLMES. When we look at young people and say they know about pregnancy and birth control or whatever, I think they know the words. I would agree with Dr. Ehlinger they deny that it happens to teenagers. You have to recognize that the best prevention is no, and that has to start I think in the home, and then has to go to school. I think that is one device we have to use; we have to start using it earlier.

We are getting pregnant girls at 13 and 14. That means they are sexually active at 11 or 12. So we have got the information to tell them not so much about birth control or about sexual responsibility; we have got to find out what it is that makes them have such a feeling of low self-esteem that they have no other course but to attract someone by having a baby.

Mr. QUIE. We recognize that some very conservative individuals do not believe in having sex education in the schools. Parents don't want to think we teach them how to become sexually active, and that is the problem—knowledge without value.

I believe the significant part of this program that we looked at here in this school as well as when I speak of in the parochial schools, it begins with the parents, and I personally know some individuals who were so totally opposed to sex education and have now reversed and are one of the strongest advocates of this program. I mention this because it gives you some heart that it is possible to do what you are suggesting.

Mr. MARRIOTT. I want to make it clear, I am not promoting sex education. I am promoting education about parenting responsibilities. If you want to make a decision to be sexually active, you make the decision. But here is what you need to know.

Let me make one more comment about child abuse. The children's trust fund interests me. I am looking at the possibility of trying to put together what I call the Children's Foundation in Utah where we assist the underfunded child abuse centers. The idea is getting the private sector involved with the public sector in a partnership-type of program. We could build up a trust fund, using some grants, hopefully from the Federal Government and also private sector money on a matching basis, and then use that money to help battered kids, and so on.

Do you feel in the experience you have there is any real chance in the real world we can get the private sector more involved with these programs, heading off the problems of child abuse?

Dr. EHLINGER. Recently, a good example of the private sector being involved was with Minneapolis where the downtown Chamber of Commerce hooked up with the Medical Society and sponsored a session on raising the awareness of both the private physician and private industry, to the problems of child abuse.

Ms. MAPP. By definition, the children's trust as it evolves in the various States, is a combination of private and public funds together. When we started looking at six other States who passed such legislation in December 1982, no State had yet collected any private funds. The trust had been in effect since 1980. We looked at their legislation and we tried to remedy what we thought were

shortcomings. We wrote in that among the duties of the board was soliciting funds from the private sector, and the job of the executive director is to carry out fundraising.

We also identified corporate leaders and leaders of foundations in Wisconsin as members of the Children's Trust Board for some understanding of the flow of private dollars. They were very confident, particularly in Madison, where we got $150,000 in a recent drive to purchase a baby elephant for the zoo. We know there is a deep caring for children, and given the right type of campaign, people will give to something they believe in.

Mr. MARRIOTT. I appreciate you giving us all this information. This has been an education.

Mr. SIKORSKI. Do you think the trend has been an increase in abuse, in incest, sexual assault in the family, or has there been an increase in the reporting or a combination thereof?

Ms. WAGNER. That is a familiar question regarding the Iron Range, because earlier today we had a discussion about the economics there. Statistically, it is climbing. In the greater proportion of our services on the Iron Range, the demands are up 56 percent with regard to child abuse. I believe strongly it is a combination.

We are beginning to talk about and look at this issue for the very first time through the schools, through television programs for children, and tackle the problem that there is such a thing as child sexual abuse. I think we have increased support. The laws are improving. A number of things go into it. Because I come from a clinical background, I have worked with enough children to see how it continues from generation to generation. I believe the other side, too, is increasing as more of yesterday's victims are today's abusers. We are just beginning to see more and more as we start to deal with the issue.

Mr. SIKORSKI. Many times there is no legal action—does not count one way or the other in terms of likelihood of reporting it, seeking assistance by other family members, or by the people themselves.

Ms. WAGNER. We are still at a point that we believe one in 25 incest cases ever get to official law enforcement. Social service agencies like ours that are not attached to the system have a tendency to get a higher reporting. We have in this State, laws that allow for there to be an option. Many times they do not want to report because all they see is tearing the family apart.

What a victim wants is for the abuse to stop. That does not necessarily mean they want the family to be apart or the offender to go to jail. We are lucky to have options. On the other hand, the treatment of offenders who are there voluntarily and do not have the support system around them is really not successful.

Mr. SIKORSKI. Is it expensive?

Ms. WAGNER. Yes. It needs to be long term. Our patient therapy is not as expensive. But the other thing we don't have is space.

Chairman MILLER. Do you have a diversion program?

Ms. WAGNER. In some cases, there was the availability to do that. We don't have any specific program. We have the flexibility of what is the best interest of the family. Like I said earlier, many of the offenders are very stable people in the community. If it is the banker, it may not be in the best interest of that banker to be put

in Stillwater prison. It may be in the best interest of the banker to have some diversion and local time with treatment and being allowed to continue to support the family. We are lucky in this State to be able to do those sort of things.

Mr. SIKORSKI. Pat, other than the geneology people, has there been opposition to the institution of the trust fund?

Ms. MAPP. Not at all. But I feel that they (genealogists and registers of deeds) may choose to repeal what we have done. They feel it is an inappropriate assessment of people who are not related to children. This assessment is on the top of the $4.00 charge for each copy of a certificate. We added $2. But as I said, the opposition is considerable. The supporters of this bill were very quick in pushing for the Trust Fund.

Mr. SIKORSKI. Dr. Ehlinger, health outcomes you have discussed—I think they were pre-1981 or since 1981—can you speculate about some of the restricted programs?

Dr. EHLINGER. The data I have are three-year averages. That takes into account the 1981 statistics. The Minnesota Department of Health will be coming out with 1982 statistics within the next month.

I'd like to give one example that indicates continuing need. Because of the jobs bill we have been able to expand our outreach in WIC. This is the first time in a long time we have been able to do outreach for the WIC program. It has been dramatic the kinds of people we have been able to pull in. We have had a 25 percent incidence of anemia in the people we have been pulling in. This is something we have not seen since 1974.

Mr. SIKORSKI. Is anemia iron?

Dr. EHLINGER. Iron deficiency is one cause of anemia and is an indication of inadequate diet. Since we have not had adequate funding before, we have not been able to increase our outreach efforts. People on the WIC program have gotten rid of their anemia and have been put on stable diets.

Now we know that there is an untouched reservoir of people with significant health needs. In addition in our other clinics the kinds of people we are seeing are much higher risk than we have seen over the last several years. More and more unemployment; lower and lower income levels. The number of people below the poverty level has increased in our clinic. I suspect that even though we don't have health status indicator numbers yet, they are going to be worse than previously; especially for minorities and lower income groups. They are going to be worse.

Chairman MILLER. Does anemia mean for both mother and child?

Dr. EHLINGER. Both. We have also discovered that the way to reach the people is through television. Flyers and word of mouth are not as effective as television.

Mr. SIKORSKI. Let me commend the chairman, first of all, for standing up in the House and arguing for the creation, and as one individual fighting hard and long to create the select committee and continue the fight, and I thank him for bringing us to Minnesota.

Chairman MILLER. Thank you for your support in helping put this panel together. Many of the problems presented today do not represent the mysteries of the universe. For as long as I have been

in public life, I can remember hearing about teenage pregnancies. I think we are starting to see a lot of local communities that are addressing these problems and finding answers.

Almost every program dealing with teenage pregnancy that I have seen reduces the incidence of pregnancy by one-half, and they are all different. They have a different basis. The fact of the matter is the problem can be addressed, if this is the desire. It will be interesting to see as we gather evidence in Miami, the Rocky Mountains and Far West, whether or not we have the will to address this problem and the desire to mobilize the necessary resources.

I want to thank all the witnesses who appeared here and gave us the benefit of their knowledge and experience. There have been requests by some individuals wanting to testify at the close of the panel. We will not do that. We will, however, allow the record to remain open to those individuals who have suggestions.

Thank you again very much for your testimony. The committee will now stand adjourned.

[Whereupon, the select committee adjourned.]

[Prepared statements follow:]

PREPARED STATEMENT OF PTA/MINNESOTA CONGRESS OF PARENTS, TEACHERS & STUDENTS

The Minnesota PTA/PTSA appreciates having the opportunity to provide testimony on the issues that are the primary concern of the organization.

The Minnesota PTA/PTSA's position on the Federal role is as follows:

"The Minnesota PTA/PTSA believes that the following areas of responsibility are of such importance to the achievement of nationwide goals that the federal budget must reflect a share of the total investment necessary for their implementation:

(1) Upholding and enforcing basic civil rights protections.

(2) Investing in research and development to improve the quality of education.

(3) Assisting in ensuring access and equal opportunity to education through programs such as:

(a) compensatory education for educationally disadvantaged children

(b) special education for handicapped children

(c) education of other special populations such as American Indians, limited English speaking children and children of migratory families and refugees

(d) post-secondary grants and loans for students with limited financial resources

(e) special education for gifted and talented students

(4) Preparing the work force to meet the nation's economic and defense needs"

The Minnesota PTA/PTSA will address four areas of concern in this testimony. These areas are: Chemical Use and Abuse, Education, Nutrition, and Parenting.

CHEMICAL USE AND ABUSE

Chemical use and abuse are family illnesses and community problems. Education and involvement of all family members and the community are essential elements of successful chemical use and abuse projects. To have the impression that the chemical use and abuse problems can be solved in the schools is unrealistic because this is a society problem. Projects and programs must exist in our school systems, at the same time, those projects and programs must be made available to all citizens.

Minnesota has been a leader in chemical intervention services but has only been involved in prevention projects in recent years. It is now felt that prevention can be achieved in many cases and at reasonable costs. A successful prevention project does depend on awareness, education and community involvement. In the past two years there has been an increased involvement by businesses in providing "wellness" programs to educate and help employees. This shows awareness is growing.

A recent study shows that while the use and abuse of many drugs is lower in Minnesota than national averages, the use and abuse of alcohol is higher. Since alcohol is a socially accepted chemical we all must take a close look at our own use of this mood altering drug. Education of all Minnesotans in the use and abuse of alcohol is a very important part of any prevention project in this situation.

The Minnesota Behavioral Institute reports Minnesota is doing well in the area of community education. The Institute feels it's services to the public have not been hurt by recent budget cuts, however, work loads have been increased to cut employee costs and "shared costs" for programs and projects has also had to be a part of dollar saving measures.

The Minnesota PTA/PTSA and the National PTA have been working in the area of chemical use and abuse for many years. Local PTAs and individual PTA members have been key elements in the success of local projects and programs. The Minnesota PTA/PTSA's current activities include lobby efforts to raise the legal drinking age and involvement in a project entitled Chemical People. A Chemical People program will be aired on Public Television in November. Communities are being asked to form small groups to view the program together, hold town meetings and continue from there with awareness programs and prevention projects.

The war on chemical use and abuse is far from over but the major battle is beginning. The Federal Government could provide assistance by collecting and disseminating information on successful programs and projects that are taking place nationwide.

EDUCATION

The only purpose of the PTA is the welfare of children and youth. Since education plays such a vital role in the lives of children and youth, this is one of the PTA's major areas of concern.

Minnesota has and will continue to have many problems in its public schools because of State and Federal budget cuts that have taken place over the last few years. As is true for the rest of the nation, there are school districts in Minnesota that have many of the inadequacies that are being discussed as a result of recent education reports. The Minnesota PTA/PTSA would like to bring to your attention some problems that are not being discussed.

When school budgets must be cut there are not a great many areas that can be cut because such a high percentage of the items are "fixed costs". Support services are always a main target of budget reductions. Secretaries, librarians, janitors, and counselors, to name a few, are prime targets. A major problem arises in this process because these types of support services cannot be cut at the same rate as the enrollment declines. The student to support service staff ratio is so large that to cut in these areas means eliminating services.

Many school districts in Minnesota have had little if any technical improvement over the past four to five years because of budget cuts. There is much effort being made nationwide to teach students new technology but very little effort in the area of the use of new technology. Technical improvements are essential for the efficient and effective management of school districts.

Staff in-service and training are other areas that have suffered because of budget reductions. How will school districts improve education if the staff cannot continue to be trained? If staff members are expected to improve their skills and new curriculum is to be developed, the tools will have to be provided to achieve these goals.

Facilities are a major concern in some Minnesota school districts right now. Schools were built when money was abundant. These schools are now 20 to 30 years old The buildings did not need financial attention when they were new, but now it is time for some major repairs. The same thing happens to a school that happens to a house if repairs are "put off". It does not take too many years before it becomes less expensive to build a new building than to repair the old one. If monies are not available for maintenance, children and youth are subjected to poor learning environments. This issue must be addressed and resolved soon.

There are situations in the public schools that "throwing money at the problem" would solve the problem. The situations stated in this testimony are some perfect examples. Minnesota, and the Nation, must be committed to properly funding the public schools

NUTRITION

The nutrition of children and youth is essential to their physical and intellectual development In the last two years budget cuts in the areas of nutrition have endangered these developments In Minnesota one WIC office alone reports in 1981 and 1982 the WIC case loads where frozen at 7,000 and then dropped because of budget cuts to 6,000. The office caseload is now frozen at 7,000 and all others who qualify are on a "waiting list" How does one wait for food?

The secondary problems created by this situation are poor diet, anemia and below average weight that can lead to below average development.

An additional area of concern to the PTA are the school aged children and youth who are not getting proper nutrition. The Minnesota PTA/PTSA believes school lunches should be easily available to all families. Budget reductions are a threat to that availability.

PARENTING

Over the past 20 years society has learned that being a child does not qualify one to be a parent. This is a difficult time to be raising children. Pressures on children and parents and the increase in nontraditional families are just a few of the changes that have taken place since those who are now parents were children. Parents need to develop parenting skills and that can only be accomplished through education. The Federal Government could give assistance in this area by providing grant monies for workshops, parenting programs and classes to organizations, social service agencies and Community Education Boards, to name but a few.

Parenting is a major concern of the Minnesota PTA/PTSA. The Minnesota PTA/PTSA is currently involved in a co-operative parenting program with the March of Dimes. The Minnesota PTA/PTSA also provides information to local units pertaining to available parenting programs and workshops. Much remains to be done and the support of society is essential for success.

Another aspect of parenting is parental involvement. The Minnesota PTA/PTSA is very concerned at this time about parents being involved in the decisionmaking process. Parents are asked more and more for input from "the decisionmakers" on family and child-related issues, but are not yet a true part of the final development of decisions. This situation must change if goals now being set in all the areas covered in this testimony are to be achieved.

MINNESOTA PTA/PTSA AND NATIONAL PTA RESOLUTIONS

Financing of public schools

The Minnesota PTA/PTSA believes that the local/state financing of our public schools should be guided by four basic principles: (1) each student in each school district should have access to an appropriate education; (2) the level of financial support should provide a high quality program consistent with the preferential status accorded education by the citizens of our State; (3) the revenues to support the public schools should be raised from an equitable and fair tax system so that the quality of educational access is not dependent upon the wealth of the State as a whole; and (4) the decision making process and control of our schools should remain as close to the parent and student as possible—at the building and school district level. (1981)

Public funding of nonpublic schools

The Minnesota PTA/PTSA believes that public tax funds should be used to support public schools only. The Minnesota PTA/PTSA opposes legislation, State and Federal, which would allow for tuition tax credit, tax deduction or voucher plans involving the nonpublic schools. We believe in the preservation of pluralism and alternatives in our education system and support public funding to nonpublic schools only in areas identified as auxiliary services. The Minnesota PTA/PTSA believes that the uniqueness of both the public and nonpublic school system can be preserved best by limiting the use of public funds to public schools. (1981)

Full funding of mandated programs

The Minnesota PTA/PTSA believes that full funding to local school districts should accompany any programs or services mandated by the Minnesota Legislature, the Congress, or by executive or judicial agencies at the State or Federal level. If such full funding is not provided for all mandated programs, we believe that local priorities and decision making processes are negated. (1981)

School guidance and counseling

The Minnesota PTA/PTSA believes that guidance and counseling programs adequately staffed by licensed and/or certified school counselors are essential to continued improvement of quality education for children and youth in all Minnesota school districts. School counseling programs provide parents with additional understanding of child and adolescent development, strengthen the role of the parent in establishing a supportive interpersonal relationship with their children, and assist in development of cooperative relationships between the home and school with the goal of maintaining a healthy learning environment. The Minnesota PTA/PTSA is committed to working cooperatively with the Minnesota School Counselors Associa-

tion at both local and state levels to secure adequately funded guidance and counseling services for all Minnesota students. (1982 and 1983)

Reinstatement of funding for the school lunch and nutrition education programs

The Minnesota PTA/PTSA and National PTA have supported the serving of nutritious school lunches to children and youth since 1912. Because of recent funding cuts many schools are either not making school lunches available or are charging prices which make participation impossible for many families. The Minnesota PTA/PTSA continues to support all programs which improve the health of our young people and urge Congress to reinstate the funds cut from the school Lunch and Nutrition Education Programs and maintain future funding levels to ensure the continued success of these programs. (1983)

Changing family role and structure

The Minnesota PTA/PTSA urges the Minnesota State Board of Education and all local school boards in Minnesota to review their policies, procedures, rules, and regulations as to the assumptions that are made concerning the role and structure of the family. Only a minority of the families in Minnesota can be described as conventional nuclear families with wage-earning fathers and nonwage-earning mothers. It has been estimated that over four out of ten children born during the 1970's and 80's will spend part of their childhood in single parent families. The Minnesota PTA/PTSA believes that the single parent is faced with a different parenting job and the programs and services should be provided in a manner supportive and sensitive to this social change. (1983)

Planning, evaluation, reporting (PER)

The Minnesota PTA/PTSA has supported the Planning, Evaluation, Reporting (PER) and local and area-wide educational planning legislation prior to and since their respective enactments. The Minnesota PTA/PTSA urges the Legislature to continue PER and local district/area-wide planning requirements for every school district. Further, the Legislature is urged to provide financial support for these two processes by making funds available to the State Department of Education and Educational Cooperative Service Units for the providing of technical assistance and by making funds available directly to local districts to cover costs of continuously implementing both activities. (1980)

State policy on parent involvement

The Minnesota PTA/PTSA believes that the Legislature should recognize the rights and responsibilities of parents in the education of their children and youth. While recent legislation in areas like PER and district and area-wide planning mandated parent and citizen involvement we believe that a clearer and more comprehensive policy is needed to clarify the rights and responsibilities of parents. (1980)

Raising the legal drinking age

The Minnesota PTA/PTSA urges the Minnesota Legislature to enact a law raising the legal drinking age to twenty-one in the State of Minnesota. We are convinced that this action will save the lives of many Minnesota teenagers. Studies by the National Institute on Alcohol Abuse and Alcoholism, the National Transportation Safety Board, Duke University, and other groups provide sufficient evidence that a higher drinking age is followed by a substantial reduction in fatal accidents involving 18 to 21 years olds. The Minnesota PTA/PTSA acknowledges that raising the legal drinking age will not automatically change the attitudes of teenagers on drinking and that some teenagers will continue to drink. Also, we recognize that 18 year olds are granted the adult responsibility of the vote and military service. Nevertheless, the data are clear: a higher minimum drinking age will save lives and the Minnesota PTA/PTSA urges action on this matter without delay. (1983)

Adult responsibility for chemical abuse

The Minnesota PTA/PTSA believes that adults share the responsibility for preventing chemical abuse among children and youth. The Minnesota PTA/PTSA urges teachers, parents, and other adults to model appropriate and responsible behavior concerning mood altering chemicals including tobacco and alcohol. The Minnesota PTA/PTSA is particularly concerned with adult behavior within the school setting and at school related functions such as banquets and booster club meetings. (1982)

UNITED WAY,
Minneapolis, Minn., September 29, 1983.

Hon. GERALD SIKORSKI,
Select Committee on Children, Youth and Families, U.S. House of Representatives, Cannon House Office Building, Washington, D.C.

DEAR GERRY: I am pleased that you are a member of the House Select Committee on Children, Youth and Families. Because family violence has been selected as the number one funding priority at the United Way of Minneapolis, we look upon the Select Committee's hearings as an opportunity to share with you the findings of our several committees that have studied this problem, and furnish you with copies for the record of the Select Committee.

It was not possible for me to be present at the hearing on September 26 in St. Paul. However, United Way staff were in attendance and have said that it was excellent and enjoyed a large audience. Many of the issues that emerged there have also arisen at United Way in the process of researching community needs. Your committee is to be commended for their choice of panel members and the subjects that were approached at the hearings.

Since much funding, staff time and staff effort have been dedicated to this issue, we have enclosed items that will give you an idea of the direction that United Way funding is taking with respect to family violence.

1. A 1982 report on child abuse with service needs as well as new service strategies.

2. A 1982 report on abuse of adults and their service needs as well as our service strategies.

3. A summary chart of the United Way of Minneapolis funding pattern on family violence programs, listing the agencies and their programs as well as the recommended allocation to those programs.

Public awareness of the burgeoning family violence statistics in our communities is essential. We are grateful that the Select Committee is bringing this to the attention of the community and of Congress.

Best regards,

EMILY ANNE STAPLES,
Chair, Government Relations Committee,
Vice President, Board of Directors.

FAMILY VIOLENCE AND NEGLECT: CHILDREN

NATURE OF THE PROBLEM

Condition statement

Children have historically been seen as the exclusive property of their parents. Only in recent years has this belief and beliefs in the privacy and sanctity of the home and family been confronted. The reality of abused and neglected children has forced a reexamination of these values and the passage of laws designed to deal with child abuse and neglect. Besides the permanent physical harm caused to its victims, child abuse and neglect leaves serious and often permanent emotional scars. It represents a failure on the part of the parents to provide for the physical well being, growth and development of their children.

While acts of physical or sexual violence or omission (neglect) are considered legally criminal, the fact is that these crimes are vastly underreported. Current laws regarding child abuse and neglect concentrate only on reporting and involvement of child welfare authorities. Only when injuries to children are seen as qualifying under adult criminal statutes (e.g., simply or aggravated assault) is child abuse punishable by the Criminal Court.

The nature of the crime, i.e., the fact that the perpetrator is often the parent or legal guardian, the likelihood that the victim will not report it, and difficult cultural norms and definitions regarding physical abuse or neglect, creates a situation in which abuse and neglect toward children continues. While child abuse and neglect are often referred to as the "hidden crimes", the fact is that there are certain indicators and means available to identify these victims.

The causes of the various forms of abuse and neglect toward children are complex and often multiple.

While the role of stress in predicting the likelihood of physical abuse has recently been challenged, several researchers have found associations between various environmental stresses and the incidence of physical abuse toward children. Excessive or unwanted responsibilities of parenting, economic pressures, physical and/or mental problems of one or both parents and problems in the marital relationship

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have been reported stressors. Characteristics or persons who physically abuse children include persons who were abused or who observed family violence as children, are immature and dependent, possess an extremely low self-esteem and sense of incompetency, experience difficulty in seeking pleasure and finding satisfaction in the adult world, possess a strong belief in the value of punishment, perceive the victim as "different" than other children and, lack an ability to show empathy.

While the causes of neglect may overlap with some of those identified in relationship to physical abuse, physical neglect is most often the result of indifference, ignorance, or inability to properly care for the victim. While neglect is also used as a form of punishment, reported cases are more often attributable to indifference, ignorance, or inability (physical, mental or financial) to care for the victim.

The causes of sexual abuse are not well understood but in cases involving father-daughter incest, the father is likely to exhibit poor impulse control and to believe that he "needs" sex, having it available at all times. Unlike cases involving neglect, there is no correlation between income or socioeconomic status and sexual abuse of children.

This Problem Description will limit itself to a discussion of child abuse (physical and sexual) and neglect which occurs within families, thereby omitting assault and other violence toward children committed by strangers.

Affected population

Children most likely to be victimized by physical abuse, sexual abuse, or neglect are more likely to have the following characteristics:

Children of parents where either one or both were victims of abuse or neglect as children or are being abused as adults (e.g., wife battering).

Children of parents who have unrealistic expectations about what behaviors their children are capable of, i.e., lack knowledge in the area of child development and parenting skills (may be functionally retarded).

From families in which there is chemical abuse.

From families with multiple social and/or psychological problems, e.g., unemployment, poverty, mental illness, social isolation, indifference toward their children's needs.

Children with disabling congenital characteristics, e.g., mental retardation or disabilities.

To have been born premature.

Children who are sexually abused are more likely to be female and to be victimized at a relatively later age than victims of physical abuse or neglect (sexual abuse victims tend to be age 6 or older, although 27 percent of reported cases to Hennepin County in 1980 were victims age 0-5 years).

Children who are neglected are more likely to be from families in which the educational level and socioeconomic status of the parents is low. Physical neglect is also strongly correlated with chemical abuse by one or both parents.

Extent of the problem

According to the results of a national survey of 2,143 families with children aged 3-17 years, 3.6 percent of the parents admitted committing a violent act toward their child serious enough to produce physical injury to the child. Generalizing to the United Way's Service Area, roughly 5,800 households with children under 18 years have been the scene of physical abuse toward children serious enough to produce injury. This statistic, because it is self-reported, probably underestimates the actual incidence and would not include physical abuse such as pushing, kicking, or hitting that did not produce physical harm.

According to two of the three largest County Child Protection Departments within the United Way's Service Area, in 1981, there were 849 reports of physical abuse or about one of every seven which actually occurred.

Sexual incest is said to occur within 10-14 percent of all families. It may, therefore, affect between 16,200 and 22,700 families in the United Way Service Area. Hennepin and Carver Counties received 423 reports in 1981 or about one incident reported for every 33-60 which actually occurred in those areas.

"Deprivation of necessities is the most frequently reported form of child maltreatment in the county—64 percent of all cases reported in 1979. No data is available, however, to estimate the prevalence of physical neglect. About 1,025 reports of child neglect were received by two of the three Child Protection Departments in the United Way's Service Area in 1981 or from about less than 1 percent of the households with children under 18 years in these two jurisdictions.

Effects of the problem

The effects of any form of abuse or neglect toward children can be devastating in terms of physical, and more frequently, psychological harm. These children will very often experience difficulty developing a positive self-image, establishing trust and effective relationships with peers and adults, experience cognitive delays or difficulty in learning at school, and experience continuing guilt and shame into their adult years. Studies of juvenile delinquents have demonstrated strong associations between these "acting out behaviors" and a history of physical abuse, sexual abuse, or neglect at home. Studies on female teenage prostitutes indicate a correlation with sexual abuse as children.

Seriousness of the physical harm varies by age and sex with major physical injuries due to physical abuse more likely to be experienced by boys aged 0-9 years and girls aged 9-17 years. Minor physical injuries occur in about 75 percent of the reported cases of physical abuse.

Children victimized by child neglect may experience impaired intellectual or physical functioning, particularly if the neglect is related to nutritional deficiencies, failure to receive adequate medical care or nurturing.

The long-term effects of child abuse and neglect are multiple. Persons with problems related to chemical dependency, mental illness, and a host of others are often found to have been abused or neglected as children. The fact that these victims are likely to abuse or to continue to be abused as adults, e.g., toward their own children or spouse, underscores the importance of addressing this problem.

Changes and trends

Because of the cyclical nature of the various forms of abuse and neglect, and the growing number of persons in child-bearing age, increases in the extent of child abuse and neglect are expected. Factors that may contribute to increases in the prevalence of these problems include:

Economic recession and unemployment and their associated stress.

Reduction in federal and state programs designed to meet the basic needs of low-income families (food, clothing, shelter and medical care).

Increases in the numbers of single-parent families and the proportion of pregnant adolescents deciding to parent their children.

While these factors alone are not associated with higher rates of child abuse or neglect, they are often found in combination with the other predictors of child maltreatment.

SERVICE NEEDS ANALYSIS

Assessment of current services

Current programs designed to address the problem of child maltreatment focus on identification, intervention and, to a limited extent, treatment. The public sector has a statutory mandate to intervene on behalf of children being victimized by abuse or neglect. Each county has a Child Protection Unit set up to receive reports of child abuse or neglect, investigate and determine the validity of the report, assess the type and severity of the situation; in substantiated cases, develop a plan of treatment; and seek legal prosecution of the perpetrator in criminal cases. Families are most often referred to family counseling but unless there is a court order for treatment, such treatment is voluntary. The counties will also provide for emergency or more permanent residential placement of children victimized by abuse and neglect, e.g., foster care or a residential treatment center. While this may be part of "treatment" for the abuse or neglect, additional psychological harm can also be caused by out-of-home placements. If children removed from their homes do not receive counseling or other support services for the harm caused by the abuse or neglect, the child may feel he/she is being punished.

Programs designed specifically to prevent abuse or neglect include parenting education programs offered by churches, community education departments, private non-profit social service agencies, and health care providers usually on a fee-for-service basis. The United Way spent approximately $ on these programs in 1982. Two of the programs taught parenting skills to adolescent mothers, a high risk group for child abuse and neglect.

Programs designed to identify abuse or neglect include training of professionals in the signs of abuse and neglect, educating children about the nature of abuse and neglect, and informing them about what to do if it is happening to them. While each of the County Child Protection Units attempt to do training and education of professionals in this area, it is only an activity within their program. A number of agencies also attempt to supplement their efforts treating the perpetrators or victims

with training and education of professionals. The United Way, through its support of some of these programs, funds this activity but not as a specific program.

There are only a few examples of programs designed to educate children about abuse and neglect. Offered largely through the schools, this education may be part of the sex education curriculum for the older children or a specific program geared toward younger, e.g., the "Red Light, Green Light" coloring book. None of this is required by the schools so its availability is usually a function of the interest on the part of the teacher, principal or parent advisory committee. The United Way does not fund any such programs.

Crisis intervention, counseling and advocacy services comprise the bulk of services available to address this problem. Parents who are abusing or neglecting their children may contact Parents Anonymous or another information and referral agency and receive crisis counseling and referral. While many agencies offer family counseling, the complex and serious psychological problems reflected in child abuse and neglect often require specialized counseling for the perpetrator, the victim, and other members of the family. Furthermore, the causes and effects of the various forms of abuse and neglect are so different, that e.g., the counseling skills and services needed by the families affected by physical abuse are very different for families affected by sexual abuse (though they may be affected by more than one form of abuse or neglect).

Currently, at least five United Way agencies offer counseling for the victim and/or perpetrator of physical and sexual abuse. A number of private therapists and clinics also offer this type of counseling. No counseling programs are available, however, which specifically target parents who have neglected their children.

Long-term (up to 2 years) support for persons affected by abuse is generally offered by the same agencies which provide treatment for the abuse. Support groups for victims of physical abuse and sexual abuse, and for perpetrators of physical abuse (Parents Anonymous being the most widely known) and sexual abuse are available. The United Way funds professional support to these groups through its allocations to the counseling programs sponsoring these groups.

Ongoing peer support is not available for perpetrators of child neglect.

Adequacy of services

Because of the disparity between actual and reported cases of child abuse and neglect, the fact that only a percentage of these are substantiated and fewer of these result in prosecution of the perpetrator, treatment for the victims, perpetrators and other family members is generally available only to those who voluntarily seek help (either the perpetrator during the time of the abuse or neglect or the victim as he/she reaches adulthood). Moreover, there is little follow-up to ensure that families receiving treatment involuntarily actually complete treatment.

Despite the statutory reporting requirements of teachers, health and social service agency personnel regarding child abuse and neglect, the fact that it is so underreported suggests that awareness among these professionals about the signs of maltreatment or what to do about it is inadequate.

The continuing cyclical nature of violence and neglect suggests that prevention efforts are inadequate, i.e., parenting education programs and counseling for adults who were raised in families where violence or neglect occurred. Peer support and services designed to reduce the stress associated with raising a physically, mentally or emotionally handicapped child may also be inadequate.

Families who have a history of physical abuse toward their children are very different than families with a history of sexual abuse or neglect. Similarly, these families are very different than those being treated for chemical dependency or other mental health related issues. Support services needed by abusive and neglected families during and after their treatment, and that meet their unique needs, are inadequately available.

For example, day care for pre-school age victims of abuse of neglect, sex education for sexually abusive families, parenting education for neglectful families, communication skills, stress management and parenting education for physically abusive families, are not available and are needed by these families in addition to counseling.

In summary, while many of the services needed by these families are available in the community, the programs offering these services do not specifically target this population. In addition, of the programs offering counseling around child abuse and neglect, minorities are disproportionately underserved suggesting that these services are insensitive to cultural or ethnic differences.

Barriers to service

A major barrier to prevention of child abuse and neglect is the lack of understanding and awareness on the part of the community, school teachers, health and social service professionals regarding the various forms and effects of abuse and neglect.

Barriers to intervention in cases of abuse and neglect include, but are not limited to, the following:

Societal norms that discourage public intervention in behaviors that occur within families;

Victim or others aware of the situation (e.g., other family members) may be reluctant to report the maltreatment for fear of retaliation by the perpetrator or other family members or by "the system", e.g. prosecution and incarceration of the perpetrator of out-of-home placement of the children;

The family or other witnesses may not realize or want to admit that there is a problem;

Failures of professionals to report abuse and neglect for "lack of sufficient evidence" or a feeling that "it's not serious enough";

Lack of coordination among professionals to ensure effective intervention and prosecution in cases of abuse and neglect;

Failure of the Courts to prosecute perpetrators of abuse and neglect;

Some professionals or persons who suspect maltreatment may not have the skills to determine the exact nature and type of abuse which is taking place, possibly even blame the victim, further discouraging the victim from seeking outside help;

In the case of emotional abuse or neglect, the view of some persons that it is not serious as physical or sexual maltreatment;

Lack of awareness on the part of these families regarding the services available.

NEW SERVICE STRATEGIES

The complex family system in which child abuse or neglect occurs presents major barriers to treating these families. Whether voluntary or involuntary, and depending on the type of abuse or neglect, effective treatment requires a very specialized set of therapeutic skills. The multiple problems of these families suggests that a team approach, wherein professionals from many disciplines and agencies, working cooperatively, consistently and authoratively with these families may be needed.

Services suggested to address the problem of child abuse and neglect include better and expanded efforts in the prevention, intervention, treatment and support of families treated for their abuse or neglect.

Specifically, these include:

Programs targeting populations at high risk of abuse and neglect, including programs designed to teach non-violent means of coping with stress, anger, fear, etc., parenting education classes, effective communication, positive self-esteem;

Programs designed to educate professionals working with children and inform children about the various forms of abuse and neglect, resources available, laws regarding, etc.;

Programs designed to address the needs of child-aged victims of child abuse and neglect, e.g., specialized social-recreational programs, day care, in addition to counseling;

Programs designed to develop and maintain effective networking among school, health, social services, legal, law enforcement and Court personnel in the identification, intervention, prosecution and treatment of abusive and neglectful families;

Programs designed to promote healthy family life among abusive and neglectful families, e.g., matching them with a healthy family on a one-to-one basis;

Programs targeting minority abusive or neglectful families;

Programs designated to reduce the stress associated with parenting, particularly for families experiencing multiple stresses, e.g., unemployment, illness of a family member, raising a handicapped child, etc.

Family Violence and Neglect: Adults

NATURE OF THE PROBLEM

Condition statement

Physical violence between adults occurs most frequently within the American family, and is usually perpetrated by husbands toward their wives. The fact that wife battering is the most prevalent form of criminal assault, and yet the least fre-

quently reported, reflects society's attitudes and values regarding violence, the sanctity and privacy of the home and family, and female victimization.

A number of misconceptions surround family violence, both abuse (physical and sexual) and neglect, toward adults. These misconceptions characterize not only the general public, including those who are aware that the neighbor is abusing his wife, adult child, or disabled parent, but also the systems set up to intervene on behalf of the victim, apply sanctions against it and assist the family in healing from the effects of the violence. Misconceptions like:

The victim somehow deserves it, i.e., identifying with the perpetrator;
The victim can do something about it, i.e., "Why don't they just leave?";
The violence is not all that bad;
Family violence is a private matter, in fact, a certain amount is "normal".

The fact that abuse and the neglect of those unable to care for themselves are criminal acts, regardless of the relationship between the victim and perpetrator, has only recently been acknowledged by Minnesota statutes (Domestic Abuse Act, 1979; Vulnerable Adults Protection Act, 1981). Statutory acknowledgement, however, has preceded application of these sanctions by the legal system or changes in attitudes within the community.

This Problem Description will describe the nature of physical abuse, sexual abuse, and neglect perpetrated by one family member toward another family member over age 18 years (where the victim is under 18 years, please refer to the Problem Description, "Family Violence and Neglect: Children"). Physical abuse or neglect refers to acts or omissions which result in non-accidental physical injury to the victim. Sexual abuse will refer to criminal sexual conduct (as defined by Minnesota statutes), committed against an adult household member, e.g., marital rape. It is assumed that emotional abuse and neglect accompany all forms of family violence and will not be described separately.

Affected population

Families most likely to experience one or more forms of family violence have the following characteristics:

A history of family violence, i.e., in previous generations of one or both partners.
A history of chemical abuse.
Inability to express feelings such as anger or fear.
Low impulse control.
Inability to develop intimacy or trust with other adults, manifesting itself in social isolation of these families.
To be experiencing one or more major stressors, e.g., poverty, unemployment, responsibility for the care of a chronically disabled family member.

Victims of the various forms of family violence toward adults are most frequently women with the assailant being their husband, boyfriend, father, or brother. Other victims include functionally impaired persons dependent on other family members for their care. While most of the studies available on abuse of the disabled focus on the elderly, practitioners and researchers are only beginning to acknowledge and examine the abuse, both physical and sexual, and neglect experienced by physically and mentally impaired adults under age 65, e.g., mentally ill and mentally retarded adults.

Extent of the problem

According to a national survey of adults conducted by the National Commission on the Causes and Prevention of Violence, 28 percent of the adults interviewed reported that the husband had acted violently toward his wife during the course of 1975. If the survey's findings are generalized to married couples in the United Way Service Area—about 246,200 in 1980—they suggest that approximately 48,900 wives are attacked by their husbands at least once a year. Moreover, 3.8 percent of the wives in the national survey were severely attacked by being kicked, bitten, hit with a fist, beaten up, or attacked with a weapon. Generalized to the United Way's Service Area, roughly 9,400 wives were severely attacked in 1980. These statistics represent only one form of violence committed by husbands toward their wives. Not reflected in these statistics is the incidence of physical violence toward women by their ex-husbands (12 percent of all reported cases in Minnesota in 1980), male cohabitee (19 percent), boyfriend (12 percent), male relative (3 percent), or other (3 percent).

Physical assaults by female family members toward male family members do occur (about 4.2 percent of the reported incidents of abuse), but are less likely to be reported. According to the national survey cited earlier, about 11.6 percent of the wives admitted having acted violently toward their husbands in the previous year.

The extent of sexual abuse toward adults is unknown, though one practitioner working with battered women reports that the incidence of marital rape in these families approaches 65 percent.

All forms of family violence toward the elderly are estimated to affect 4 percent of the older population—about 4,500 persons over age 65 in the United Way's Service Area. The most frequent act of violence is neglect, wherein for reasons of indifference, ignorance, retaliation, or inability to provide the necessary care (e.g., a caretaker spouse is also impaired), the impaired older person fails to receive the care necessary for his/her physical and mental well-being.

No data is available to indicate the prevalence of physical abuse, sexual abuse or neglect towards functionally impaired adults under age 65, e.g., the mentally ill, developmentally disabled, or physically handicapped. Since many of the functionally impaired adults, including those over age 65, do not have contact with the formal service delivery system and are often unable or unaware of the resources available, detection and intervention in these cases is extremely difficult.

Effects of the problem

In the national survey conducted by the National Commission on the Causes and Prevention of Violence, great variation was exhibited in the number of attacks experienced by any one victim. About one-third of the wives attacked in 1975 were beaten once; at the other extreme, one-third were beaten five or more times in that year. Besides the physical harm, and not infrequently death, that may result from an attack, the debasement of life and fear which is instilled by even one attack is enough to cause serious emotional difficulties for the victim, fixing the balance of power in the relationship for years, possibly forever.

The effects of repeated victimization are well documented and are the result, not only of the victim's own reaction to the situation, but the victim's perceptions of familial and society's responses.

For battered women, the effects of physical violence include: fear, isolation, low self-esteem, emotional dependency/low self-esteem, economic insecurity, particularly if she has children; repression of feelings, and inability to plan or act.

Some battered women accept their situation until the assailant attacks her children. In any case, her own feelings and familial and societal responses to family violence often leave the battered woman feeling entrapped in the abusive relationship.

Research on the effects on physical violence toward functionally impaired elderly reveal similar feelings experienced by these victims, often complicated by and related to feelings of low self-esteem attributable to society's attitudes toward the elderly and the disabled. While no literature is available to support it, similar feelings probably characterize functionally impaired adults under age 65.

The effects of physical violence and neglect on functionally impaired adults can be life-threatening, e.g., where it entails failure to receive medically necessary treatments or physical assault. It is suspected that, in seeking medical treatment for a violent incident, family members protect the assailant by blaming the victim, who may be mentally impaired and unable to describe the circumstances.

The effects of intrafamily sexual abuse for adults is also not well-documented. Assuming that the feelings experienced by child victims of family sexual assault are similar to those experienced by adult victims, they would include: Shame, guilt, feelings of low self-worth, and depression.

Changes and Trends

Trends in this problem are unknown and difficult to detect because of the denial and secrecy surrounding family violence. Possible factors which may lead to increases in the extent of abuse and neglect toward adults are:

Economic recession and inflation leading to increases in unemployment, underemployment, and associated stress.

Reduction in federal and state programs designed to meet the basic needs of low-income families.

Increased raw numbers of adults exposed to violence as children, both as victims and observers of conjugal violence.

Increased numbers of families assuming responsibility for the care of deinstitutionalized mentally ill and mentally handicapped adults, many of whom return home.

Increased numbers of families assuming care for an increasing population of older persons, aged 75 years or over.

SERVICE NEEDS ANALYSIS

Assessment of current services

Few programs currently address the problems and service needs of adults affected by intrafamily abuse and neglect. In fact, most of the services made available to this population are because of some factor(s) other than the abusive or neglectful behavior, e.g., chemical dependency, mental health problems, medical care required as a result of the abuse or neglect. Unless the health or social service provider having contract with the victim is aware of the signs and how to intervene, the abusive situation will more than likely continue.

Services specifically targeting persons affected by this problem include:

Emergency shelter (nursing home placement, often permanent, for elderly victims).

Advocacy services for victims.

Legal services for victims.

Crisis hotline for perpetrators.

Counseling for victims, perpetrators and others affected by the violence.

Vocational counseling for "displaced homemakers."

Funding for these programs is most often a patchwork of state, county, municipal, United Way and foundation monies, fees for service, and private donations. The specific role of the United Way in addressing this problem ranges from:

Prevention, including education, individual, family and group counseling, and respite care to potentially abusive and neglectful families.

Treatment: Six agencies receive at least $200,000 in United Way support to provide individual, family and group counseling for families affected by all forms of violence.

Crisis intervention: A women's shelter received $101,000 in 1982 to provide advocacy services to battered women and their children.

Support: One United Way participating agency provides long-term (up to 2 years) peer support for victims and perpetrators of physical abuse.

Adequacy of services

There are major deficiencies in the social and health service delivery system relating to the various forms of violence and neglect affecting adults. The first and foremost is probably an awareness among professionals regarding the dynamics of abuse and neglect, identification, effective intervention strategies, and available resources. A similar lack of awareness affects the general public, including victims and perpetrators and law enforcement personnel.

The services that are available, particularly those providing crisis intervention, advocacy for victims and counseling for victims and perpetrators, are inadequate to meet the demand for these services.

None of these services specifically focus on the neglect of functionally impaired adults. While the exact incidence of this phenomenon is unknown, it is suspected to be a problem affecting substantial numbers of older persons and other adults receiving care from other family members.

Few services are available which attempt to prevent the abuse and neglect from occurring, either via general community education or preventing or working to change the conditions known to cause abuse and neglect among those most at risk.

As in the case of child abuse and neglect, court orders are required to mandate treatment for the abuse and neglect. Because fewer than one in five (perhaps one in ten) cases are ever reported, few of these are prosecuted, and fewer are tried and found guilty, the number of perpetrators receiving treatment involuntarily is a small percent (some practitioners say less than 1%) of those in need of treatment. Moreover, the Court does not always follow up to determine if the court-ordered treatment was completed. While this phenomenon does not relate to adequacy of services, it does pinpoint a major barrier to service providers in treating families affected by abuse and neglect.

Few services are available designed to reduce the dependence of the victim on the perpetrator. For battered women, this means low-cost day care, vocational and educational counseling, training, and job placement. For functionally impaired adults, this means increased sheltered employment opportunities, alternative housing options and wider availability of respite care and some care.

Barriers to service

Probably the major barrier to service experienced by the victims of abuse and neglect is fear and the inability to act, both as a result of the victimization and societal and familial responses to it. Another barrier is the response of the helping system once victims do decide to seek help. Unless the professional has an under-

standing of the situation, he or she may respond in an inappropriate or unsupportive manner.

Assuming they voluntarily seek help, the services that are available are concentrated in the central city of Minneapolis and are, therefore, relatively inaccessible to families in suburban Hennepin County, Carver and Anoka counties.

The cultural and ethnic sensitivity of these services is questionable since a relatively small number of minorities are disproportionately underserved by these programs.

All of these barriers are secondary to barriers related to the community's response to violence, stereotypes and attitudes toward battering, sexual abuse and neglect. These values are implicit in the system's failure to intervene on behalf of persons known to be victimized by abuse and neglect, to prosecute the perpetrator for violations of criminal law, and failure to assist these families heal from the effects of the violence.

NEW SERVICE STRATEGIES

Strategies needed to address this problem rely on an expansion of what is currently available, as well as the development and maintenance of the following:

Programs designed to prevent conditions known to cause abuse and neglect, e.g., education of the public about non-violent means of dealing with anger, fear, etc., effective communication skills, stress management, positive self-esteem, etc.

Programs designed to reduce the risk of abuse and neglect among families likely to engage in abusive and neglectful behaviors, e.g., respite care, vocational and educational counseling, sheltered employment opportunities, support groups for caregivers.

Programs designed to ensure more effective cooperation between social, health, law enforcement, legal and court personnel in the apprehension, prosecution and treatment of perpetrators.

Programs designed to enhance the likelihood of early intervention in cases of abuse and neglect, e.g., a well-publicized crisis hotline for victims of abuse and neglect.

Programs designed to provide for the temporary safety and well-being of victims from abuse and neglect, e.g., advocacy services (to obtain Orders for Protection, legal counsel, etc.), emergency shelter, emergency respite care for functionally impaired adults.

Programs designed to reduce the likelihood of recurring violent behaviors among families treated for abuse and neglect, e.g., increasing availability of support groups for the victims, perpetrators and others affected by the violence, job training and employment opportunities for the victims.

1983 UNITED WAY FUNDING BY PROBLEM AND FUNDING STATUS

Problem Area	Funding Status	Agency Name--Program Name	1983 Recommendation
Family Violence and Neglect:Children	Expanded	Childrens Home Society: Counseling Parenting Education	$ 28,821
	Expanded	City/Southside, Inc. Counseling	17,650
	Expanded	Glenwood-Lyndale Community Center "Parenting is Tough" program	45,200
	Expanded	Metro Visiting Nurse Service Parenting Service to Vulnerable Children	35,600
	Expanded	Relate Physical and Sexual Abuse Victims program	87,609
Expanded Programs------Total			$ 208,880
	Maintenance	Bridge for Runaway Youth Family Crisis	67,802
	Maintenance	Childrens Home Society Special Needs Adoption	39,639
	Maintenance	Chrysalis Center for Women Child Treatment	21,900
	Maintenance	Family & Childrens Service Counseling (family & indiv.) Family Advocacy Program Family Violence Program Gay and Lesbian Counseling	367,544
	Maintenance	Jewish Family & Childrens Service Big Brother/Big Sisters Program	19,723

Problem Area	Funding Status	Agency Name--Program Name	1983 Recommendation
Family Violence and Neglect: CHILDREN	Maintenance	Pillsbury-Waite Neighborhood Service Body Image Mind Skills (BIMS) Cedar Family Neighborhood Program Pillsbury House Youth Program Waite Youth Program Volunteerism Program	$101,771
	Maintenance	YWCA Self Image Program for Disadvantaged Youth	88,333
		Storefront/Youth Action Adolescent Victim Counseling Program	30,000
		Maintenance Subtotal	$736,712
	New Programs	Childrens Home Society Residence for Unmarried Mothers	16,552
		Division of Indian Work Family Violence	7,500
		Genesis II for Women Maternal Guidance	33,000
		Indian Health Board Family Violence Program	13,875
		Metro Visiting Nurse Service Services to Battered Women Shelters	12,550
		Southside Family Nurturing Family Treatment	37,500
		Survival Skills Institute Home-based Services Play Therapy for Children	33,489
		Subtotal New	144,194

Problem Area	Funding Status	Agency Name--Program Name	1983 Recommendation
Family Violence and Neglect: ADULTS	Expanded	Domestic Abuse Project Community Intervention Therapy Program	135,000
	Expanded	Legal Aid Society Family Law	62,000
	Expanded	Metro Visiting Nurse Service Parenting Service	35,600
		Subtotal Expanded for Adults	$ 232,600
	Maintenance	Chrysalis Center for Women Legal Advocacy for Women	9,400
	Maintenance	East Side Neighborhood Services Family Violence	11,200
	Maintenance	Family & Childrens Service Family & Individual Counseling Family Advocacy Family Violence Gay and Lesbian Counseling	367,554
	Maintenance	Harriet Tubman Women's Shelter Emergency Shelter	17,000
	Maintenance	Jewish Family & Childrens Service Agency Case Management	40,707
	Maintenance	Judicare of Anoka County Legal Services	4,400
	Maintenance	Legal Aid Society Community Legal Education Legal Advocacy - Older Americans Legal Services Advocacy Project	77,967

Problem Area	Funding Status	Agency Name--Program Name	1983 Recommendation
Family Violence and Neglect: ADULTS	Maintenance	Minnesota Council on Crime & Justice..... Crime Victims Center	$18,700
	Maintenance	NA-WA-EE ..... Red Star Mothers (Counseling Group)	38,025
	Maintenance	Neighborhood Involvement Program..... Counseling Rape and Sexaul Assault	60,918
	Maintenance	Northside Neighborhood Services..... Family Skills Development	102,900
	Maintenance	Pillsbury Waite Neighborhood Services..... Body Image Mind Skills (BIMS) Waite Adult Neighborhood Counseling	52,467
		Maintenance Subtotal	$ 303,094
	New Programs	Alexandra House ..... Parents & Childrens Program (minimizing trauma of violence)	30,000
	New	Community Action Council..... Community Intervention	20,000
	New	Division of Indian Work..... Family Violence	7,500
	New	Indian Health Board..... Family Violence Program	13,850
	New	Metro Visiting Nurse Association..... Services to Battered Women's Shelters	12,550
	New	Phyllis Wheatley Community Center..... Education for Cooperative Living	46,266
		New Subtotal	$ 130,166
		GRAND TOTAL	$ 1,291,769

ARROWHEAD ECONOMIC OPPORTUNITY AGENCY,
September 22, 1983.

To: Frank Strukel.
From: Karen M. Skorich.
Subject: Information for September 26 pubiic hea'ring.

Range Women's Advocates report shows a 50 percent increase over the first six months of 1982 in abuse. Anticipate helping 383 battered women vs 282 last year.

The running average of the large Community Volunteer Food Shelf Network serves 3,800-4,200 families monthly, representing over 10,000 individuals. Eighty-eight percent of those helped range in the age 19-59 years of age. Frequency during a month regarding usage is increasing from one to, in some areas, four times per month, depending upon need.

Majority of our support comes from churches, local unions, civic/fraternal organizations, seniors and individual donations at grocery store drop-off points.

A volunteer subcommittee of the Iron Range Food Shelf Network has determined a goal for fundraising this coming year, based on August figures. The emergency food shelves alone are hoping to raise 1,026 tons of food to meet the on-going and increasing needs of food to help the unemployed. During the first half of this year an average of $50,000 a month was spent for food. Taking all into consideration, $600,000 will be needed to maintain the food shelves.

The Arrowhead Food Bank, St. Paul Food Bank, and donations out-state, comprise 75 percent of our resources for food. Locally, 25 percent, or in some cases lesser, amount of donations support the Community food shelves because of our economic situation.

Currently, the Arrowhead Food Bank provides a resource of food to non-profit food programs in the communities of Northwest Wisconsin, Duluth and 14 counties in Northeastern Minnesota. Over 16,500 individuals have been provided over 3 million meals through these service agencies.

Three years ago, I researched the validity for a School Breakfast Program in the Region. Even though many hours, facts, and figures, were obvious in this respect, this was a time when Federal Social Programs began facing cuts. A truly National problem, child nutrition, is a continuing factor to consider.

Many of our schools have been forced to cut school lunch programs, school breakfast is out of the question since there are and never has been the availability to help feed our rural school children . . . the need is obvious.

INFORMATION FOR SEPT. 26 PUBLIC HEARING—1983 EMPLOYMENT BY TACONITE PLANT

Plant	1981 pre-recession	Worked, 1983	Laid off, 1983
Butler	600	480	450
Erie	2,400	1,200	1,000
Eve taconite	1,455	1,200	1,000
Hibb taconite	1,200	1,100	900
Inland Steel	500	270	200
National	1,050	600	
Reserve	2,500	1,417	1,100
Minntac (USS)	3,800	1,950	1,600
Total	13,405	8,217	7,050

The taconite industry employed 8,217 people at some time this year. This is down from a peak of more than 15,000 people in *1979*.

The shutdowns announced this year by the various taconite plants will mean that 85 percent of the 8,217 people who worked sometime this year will be laid off.

Previous economic studies indicate about 60 percent of the Northeastern Minnesota economy relies on taconite mining.

CHILD ABUSE REPORT—1982

This report summarizes information obtained from the investigations of reports of child abuse received by the St. Louis County Social Service Department in 1982. It utilizes data categories specified in the Minnesota Department of Public Welfare "Report of Child Maltreatment" reporting procedure.

EXECUTIVE SUMMARY

In 1982, there was a dramatic increase in both total reports and substantiated reports of child abuse. Although it cannot be irrefutably demonstrated, the increase is very likely related to the social and emotional stresses forced on families by lengthy unemployment.

More adolescent females than ever before were abuse victims. It is interesting to note that the proportion of those persons and organizations mandated by law to report suspected child abuse has been decreasing whereas the proportion of victims and families as reporting sources has been increasing. It would appear, therefore, that efforts to bring the problem of child abuse to the public's attention has been effective. It also suggests that victims and the families feel more confident that helpful services or action is readily available.

MAJOR OBSERVATIONS

I. Substantiated Reports:

A. Substantiated reports increased from 101 in 1981 to 147 in 1982 - an increase of 45.5% (table 4, p.4)

B. Substantiated reports in 1982 also exceeded the 1976 to 1981 average of 112 by 31.3% (table 4, p.4).

C. The number of substantiated reports showed a noticeable increase beginning in the 4th quarter of 1981 and continuing through 1982 except for a temporary 3rd quarter decline (graph 1, p. 10). The 3rd quarter decline was apparently seasonal (A similar decline has been observed in prior years and is likely related to school not being in session during the summer.

II. Victims:

A. The largest group of victims in 1982 were adolescent females, age 12-18, who represented 37.4% of the total (table 7, p. 5) - as compared to this group's 27.6% average representation from 1978 to 1981.

B. Sexual abuse accounted for 34.6% of all substantiated reports (table 9, p. 5) - which was basically the same as in prior years.

III. Perpetrators:

A. A natural parent was the perpetrator in 62% of the cases in 1982 (table 13, p. 7) - the same as in prior years. 57% of the natural parent perpetrators were male and 43% were female.

B. Adoptive parents were the perpetrators in 5% of the cases and step-parents were the perpetrators in 16% of the cases. In all but 6% of these situations, the perpetrator was male (table 13, p. 8)

IV. Report Sources:

A. The victim was the reporting source in 26.3% of the substantiated abuse cases in 1982 (table 15, p. 8) - as compared to this group's average of 13.5% from 1976 to 1981.

B. Agencies and persons mandated by law to report suspected abuse (law enforcement, schools, medical staff, etc.) accounted for 32.4% of all substantiated reports in 1982 (table 15, p. 8) as compared to this groups average of 47.4% from 1976 to 1981.

V. Type and Severity of Substantiated Abuse:

A. The predominant type of abuse was physical abuse (table 17, p. 10), as in past years. Sexual abuse (including incest and sexual exploitation) comprised the second most common type of abuse in 1982 (table 17, p. 10).

B. The largest number of reports of maltreatment were moderate or non-serious in nature - 43% (table 19, p. 12). Life-threatening or serious injury occurred in 6% of the situations in 1982 (table 19, p. 12).

VI. Total Reports:

A. Total reports of suspected child abuse increased from 194 in 1981 to 302 in 1982 - an increase of 55.6% (table 1, p. 3).

B. Total reports in 1982 also exceeded the 1976 to 1981 average of 214 by 41% (table 1, p. 3).

C. There was a substantial increase in reports beginning in the 4th quarter of 1981 and continuing through the first two quarters of 1982 with a decline showing in the 3rd quarter. The upward trend resumed during the 4th quarter of 1982 (graph 1, p. 10).

1. During the 4th quarter of 1981 and the 1st 2 quarters of 1982 the increase was almost directly proportional to the increase in unemployment (graph 1, p. 10).

2. The 3rd quarter 1982 decline was an apparent seasonal decline (a similar decline has been seen in prior years) and likely is related to school not being in session during the summer.

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TABLES

I. Total Children Reported

(Table 1)

	1976		1977		1978		1979		1980		1981		1982	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
South	78	57	91	40	126	52	152	61	82	36	83	43	147	49
North	59	43	138	60	116	48	99	39	146	64	111	57	155	51
TOTAL	137	100	229	100	242	100	251	100	228	100	194	100	302	100

II. Substantiated - Unsubstantiated Reports of Child Abuse

A. South St. Louis County:

(table 2)

	1976		1977		1978		1979		1980		1981		1982	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Substant.	29	37	41	45	67	53	66	43	38	46	49	59	82	56
Unsubst.	49	63	50	55	59	47	86	57	44	54	34	41	65	44
TOTAL	78	100	91	100	126	100	152	100	82	100	83	100	147	100

B. North St. Louis County

(table 3)

	1976		1977		1978		1979		1980		1981		1982	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Substant.	37	63	86	62	89	77	44	44	73	50	52	47	65	42
Unsubst.	22	37	52	38	27	23	55	56	73	50	59	53	90	58
TOTAL	59	100	138	100	116	100	99	100	146	100	111	100	155	100

C. Total St. Louis County:

(table 4)

	1976		1977		1978		1979		1980		1981		1982	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Substant.	66	48	127	55	156	64	110	44	111	49	101	52	147	49
Unsubst.	71	52	102	45	86	36	141	56	117	51	93	48	155	51
TOTAL	137	100	229	100	242	100	251	100	228	100	194	100	302	100

III. Age and Sex of the Children (Substantiated reports)

A. South St. Louis County:

(table 5)

	MALE		FEMALE		TOTAL	
AGE	No.	%	No.	%	No.	%
0-3	3	3.7	7	8.5	10	12.2
4-7	11	13.4	8	9.8	19	23.2
8-11	4	4.9	7	8.5	11	13.4
12-15	11	13.4	19	23.2	30	36.6
16-18	0	-	12	14.6	12	14.6
TOTAL	29	35.4	53	64.6	82	100.0

B. North St. Louis County:

(table 6)

	MALE		FEMALE		TOTAL	
AGE	No.	%	No.	%	No.	%
0-3	7	10.8	4	6.2	11	16.9
4-7	6	9.2	7	10.8	13	20.0
8-11	4	6.2	5	7.7	9	13.8
12-15	7	10.8	15	23.1	22	33.9
16-18	1	1.5	9	13.7	10	15.4
TOTAL	25	38.5	40	61.5	65	100.0

C. Total County:

(table 7)

AGE	MALE		FEMALE		TOTAL	
	No.	%	No.	%	No.	%
0-3	10	6.8	11	7.5	21	14.3
4-7	17	11.6	15	10.2	32	21.8
8-11	8	5.4	12	8.2	20	13.6
12-15	18	12.2	34	23.1	52	35.3
16-18	1	.7	21	14.3	22	15.0
TOTAL	54	36.7	93	63.3	147	100.0

IV. Race of the Children (substantiated reports)

(table 8)

RACE	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Caucasian	74	90.2	59	90.8	133	90.6
Black	3	3.7	-	-	3	2.0
Native American	3	3.7	5	7.7	8	5.4
Asian	-	-	-	-	-	-
Other	2	2.4	1	1.5	3	2.0
TOTAL	82	100.0	65	100.0	147	100.0

V. Sexual Abuse (substantiated reports)

A. Age of Child:

(table 9)

AGE	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
0-3	3	10.3	1	4.5	4	7.8
4-7	4	13.8	2	9.1	6	11.8
8-11	3	10.3	3	13.6	6	11.8
12-15	12	41.4	9	40.9	21	41.2
16-18	7	24.2	7	31.9	14	27.4
TOTAL	29	100.0	22	100.0	51	100.0

B. Sex of Child:

(table 10)

SEX	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Male	2	6.9	2	9.1	4	7.8
Female	27	93.1	20	90.9	47	92.2
TOTAL	29	100.0	22	100.0	51	100.0

C. Relationship of Perpetrator to Child (substantiated sexual abuse reports)

(table 11)

	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Natural Father	9	31.0	9	29.0	18	30.0
Natural Mother	-	-	7	22.6	7	11.6
Adoptive Father	2	6.9	1	3.2	3	5.0
Adoptive Mother	-	-	1	3.2	1	1.7
Step Father	14	48.4	4	12.9	18	30.0
Sibling	-	-	6	19.4	6	10.0
Other Relative	3	10.3	1	3.2	4	6.7
Foster Parent	1	3.4	2	6.5	3	5.0
TOTAL	29	100.0	31	100.0	60	100.0

% based on number of children: South 29, North 22 and Total 51.

D. Source of Sexual Abuse Reports:

(table 12)

SOURCE	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Hospital/Clinic			1	4.5	1	2.0
Physician						
Friend/Neighbor	1	3.4			1	2.0
Private Social Agency	1	3.4	1	4.5	2	3.8
School Personnel			3	13.6	3	5.8
Law enforcement	5	17.3	2	9.1	7	13 7
Victim	8	27.7	10	45.6	18	35.3
Family Member	11	37.9	3	13.7	14	27.5
CD Facility			1	4.5	1	2.0
Institutional Staff	1	3.4			1	2.0
Other	2	6.9	1	4.5	3	5.9
TOTAL	29	100.0	22	100.0	51	100.0

VI. Perpetrators (substantiated reports)

(table 13)

Perpetrator	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Father	29	31.6	33	40.3	62	35.7
Mother	20	21.7	26	31.8	46	26.5
Adoptive Father	4	4.3	2	2.4	6	3.4
Adoptive Mother			2	2.4	2	1.1
Step Father	20	21.7	8	9.8	28	5.2
Step Mother						
Both Parents*						
Sibling			7	8.5	7	4.0
Other Relative	5	5.4	1	1.2	6	3.4
Parent Companion	9	9.8	1	1.2	10	5.7
Babysitter	3	3.3			3	1.7
Other (Foster Parent)	2	2.2	2	2.4	4	2.3
TOTAL	92	100.0	82	100.0	174	100.0

% based on number of children: South-82, North-65, and Total - 147

VII. Reports Received Quarterly - 1982

(table 14)

Quarter	SOUTH		NORTH		TOTAL COUNTY	
	Total	Substant.	Total	Substant.	Total	Substant.
1st	39	20	39	20	78	40
2nd	38	29	53	23	91	52
3rd	29	10	25	5	54	15
4th	41	23	38	17	79	40
TOTAL	147	82	155	65	302	147

VIII. Report Source

(table 15)

	SOUTH				NORTH				TOTAL			
	Sub.		Unsub.		Sub.		Unsub.		Sub.		Unsub.	
	No	%	No	%	No	%	No	%	No	%	No	%
Family Member	18	21.2	16	24.2	18	28.5	10	11.6	36	24.3	26	16.9
Victim	23	27.0	13	19.7	16	25.4	14	16.2	39	26.3	27	17.5
Friend/Neighbor	3	3.5			4	6.3	13	15.0	7	4.7	13	8.5
Teacher	8	9.4	4	6.1	1	1.6	3	3.4	9	6.1	7	4.6
Other School Staff	3	3.5	4	6.1	3	4.8	1	1.1	6	4.1	5	3.3
Public Social Agency			1	1.5			1	1.1			2	1.3
Physician	1	1.2	1	1.5			1	1.1	1	.7	2	1.3
Hospital/Clinic	6	7.1	10	15.2	2	3.2	2	2.3	8	5.4	12	7.9
Public Health Nurse							3	3.4			3	2.0
School Nurse	1	1.2	4	6.1	1	1.6	2	2.3	2	1.4	6	3.9
Day Care/Babysitter	1	1.2			2	3.2	2	2.3	3	2.0	2	1.3
Other Social Agency	1	1.2	3	4.5	4	6.3	2	2.3	5	3.4	5	3.3
Mental Health Couns.			1	1.5	2	3.2	2	2.3	2	1.4	3	2.0
Law Enforcement	11	12.9	3	4.5	4	6.3	2	2.3	15	10.1	5	3.3
Parent-Out of Home					1	1.6	3	3.4	1	.7	3	2.0
Anon./Unknown	3	3.5					13	15.0	3	2.0	13	8.5
Other Relative	4	4.7	5	7.6	3	4.8	11	12.6	7	4.7	16	10.5
Other	2	2.4	1	1.5	2	3.2	2	2.3	4	2.7	3	2.0
TOTAL	85	100.0	66	100.0	63	100.0	87	100.0	148	100.0	153	100.0

IX. Services Provided/Action Taken (substantiated reports)

(table 16)

	SOUTH		NORTH		TOTAL	
	No.	%	No.	%	No.	%
Family Counseling	46	56.1	43	66.2	89	60.5
Foster Care	5	6.1	13	20.0	18	12.2
Shelter Care	6	7.3	11	16.9	17	11.6
Health Service	1	1.2	3	4.6	4	2.7
Homemaker Service	-	-	3	4.6	3	2.0
Juvenile/Family Court	8	9.8	22	33.8	30	20.4
Criminal Court - Pet. Filed	14	17.1	5	7.7	19	12.9
Day Care	-	-	2	3.1	2	1.4
Other	6	7.3	14	21.5	20	13.6
None	2	2.4	2	3.1	4	2.7

% based on number of victims: South-82, North-65 and Total - 147.

X. Type Maltreatment by Age (substantiated) Total County *

Table 17

	0-3		4-7		8-11		12-15		16-18		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Simple physical abuse	9	31.1	24	54.5	11	44.0	25	29.7	8	23.5	77	35.5
Aggravated physical abuse	3	10.4	2	4.5	1	4.0	6	7.1	1	2.9	13	6.0
Sexual abuse	1	3.4	4	9.2	1	4.0	13	15.3	8	23.6	27	12.4
Incest	1	3.4	2	4.5	2	8.0	10	11.8	6	17.6	21	9.7
Sexual exploitation							2	2.4			2	.9
Emotional abuse	1	3.4	2	4.5			6	7.1	2	5.9	11	5.1
Threatened physical abuse			5	11.4	2	8.0	9	10.6	3	8.8	19	8.8
Expulsion from home							2	2.4	3	8.8	5	2.3
Disregard for safety	6	20.7			3	12.0	5	5.9			14	6.5
Inadequate supervision	6	20.7					3	3.5	1	2.9	10	4.6
Failure to provide:												
physical needs	2	6.9	3	6.8	3	12.0	4	4.7			12	5.5
medical needs					2	8.0					2	.9
nurturance/affection			2	4.5							2	.9
care for emot/behav. problems									2	5.9	2	.9
TOTAL	29	100.0	44	100.0	25	100.0	85	100.0	34	100.0	217	100.0

* Data presented in this table reflects duplicated counts of children

XI. Type Maltreatment by Sex (substantiated) Total County *

Table 18

	Male		Female		Total	
	No.	%	No.	%	No.	%
Simple physical abuse	38	49.3	39	27.9	77	35.5
Aggravated physical abuse	5	6.5	8	5.7	13	6.0
Sexual abuse	1	1.3	26	18.6	27	12.4
Incest			21	15.0	21	9.7
Sexual exploitation			2	1.4	2	.9
Emotional abuse	6	7.8	5	3.6	11	5.1
Threatened physical abuse	5	6.5	14	10.0	19	8.8
Expulsion from home	2	2.6	3	2.1	5	2.3
Disregard for safety	6	7.8	8	5.7	14	6.5
Inadequate supervision	5	6.5	5	3.6	10	4.6
Failure to provide:						
physical needs	6	7.8	6	4.3	12	5.5
medical needs	1	1.3	1	.7	2	.9
nurturance/affection	2	2.6			2	.9
care for emot/behav. problems			2	1.4	2	.9
TOTAL	77	100.0	140	100.0	217	100.0

* Data presented in this table reflects duplicated counts of children

XII Severity of Abuse by Age (substantiated) Total County *

(Table 19)

	0-3		4-7		8-11		12-15		16-18		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Life threatening or serious injury	2	11.1	3	9.7	1	4.8	4	6.3			10	6.2
Moderate or non-serious inj.	7	38.9	17	54.8	8	38.1	25	39.0	12	44.4	69	42.9
Possible injury	2	11.1	5	16.1	4	19.0	8	12.5	4	14.8	23	14.3
Exposed to threatening or dangerous conditions	6	33.3	3	9.7	5	23.8	12	18.8	2	7.5	28	17.4
Apparent health impairment (physical, mental, emotional)	1	5.6	3	9.7	3	14.3	14	21.8	9	33.3	30	18.6
Other							1	1.6			1	.6
TOTAL	18	100.0	31	100.0	21	100.0	64	100.0	27	100.0	161	100.0

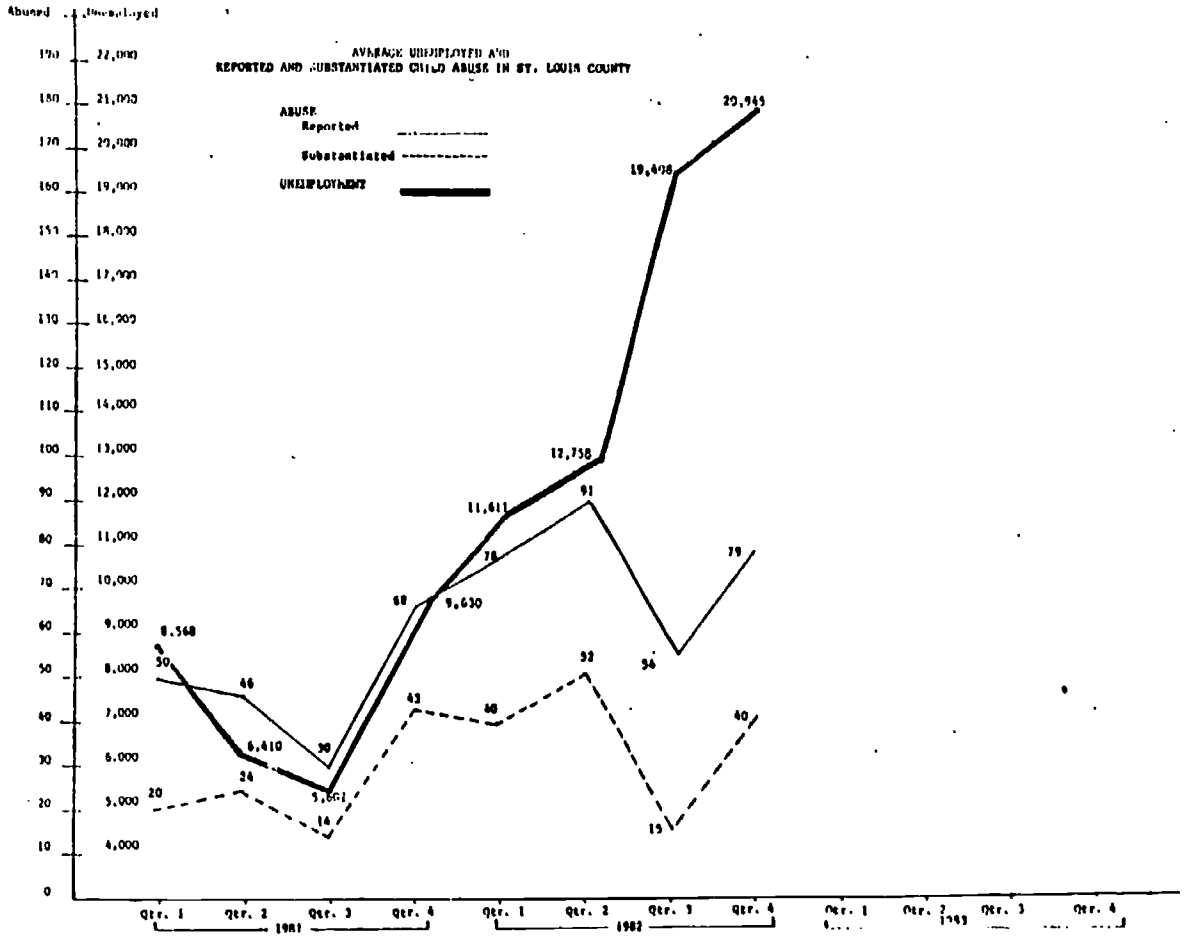
* Data presented in this table reflects duplicated counts of children

XIII Severity of Abuse by Sex (substantiated) Total County *

Table 20

	Male		Female		Total	
	No.	%	No.	%	No.	%
Life threatening or serious injury	2	3.3	8	8.0	10	6.2
Moderate or non-serious injury	34	55.7	35	35.0	69	42.9
Possible injury	6	9.8	13	13.0	19	11.8
Exposed to threatening or dangerous conditions	12	19.7	16	16.0	28	17.4
Apparent health impairment (physical mental or emotional)	5	8.2	25	25.0	30	18.6
Other	2	3.3	3	3.0	5	3.1
TOTAL	61	100.0	100	100.0	161	100.0

* Data presented in this table reflects duplicated counts of children


AVERAGE UNEMPLOYED AND
REPORTED AND SUBSTANTIATED CHILD ABUSE IN ST. LOUIS COUNTY
ABUSE
Reported
Substantiated
UNEMPLOYMENT
Abused
Unemployed
22,000
21,000
20,000
19,000
18,000
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68
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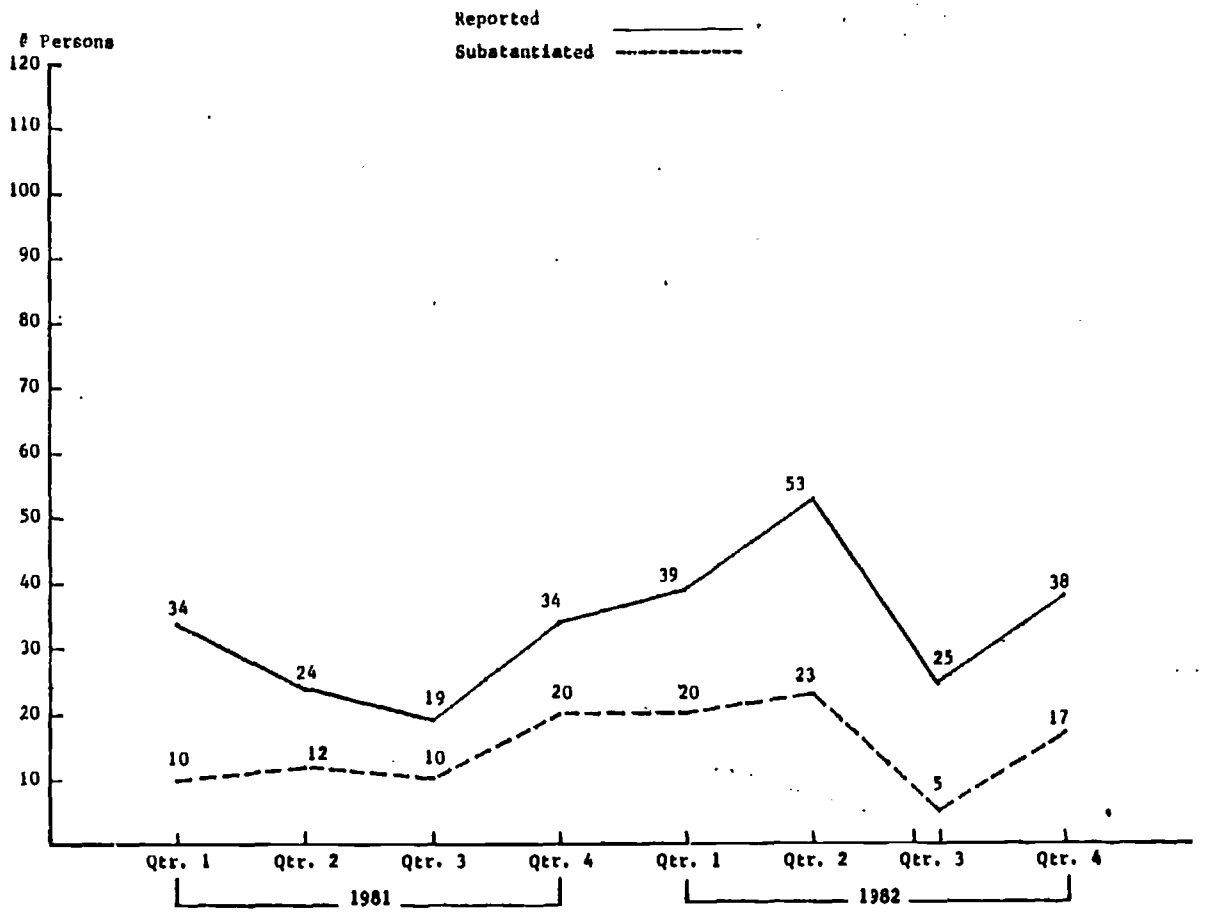
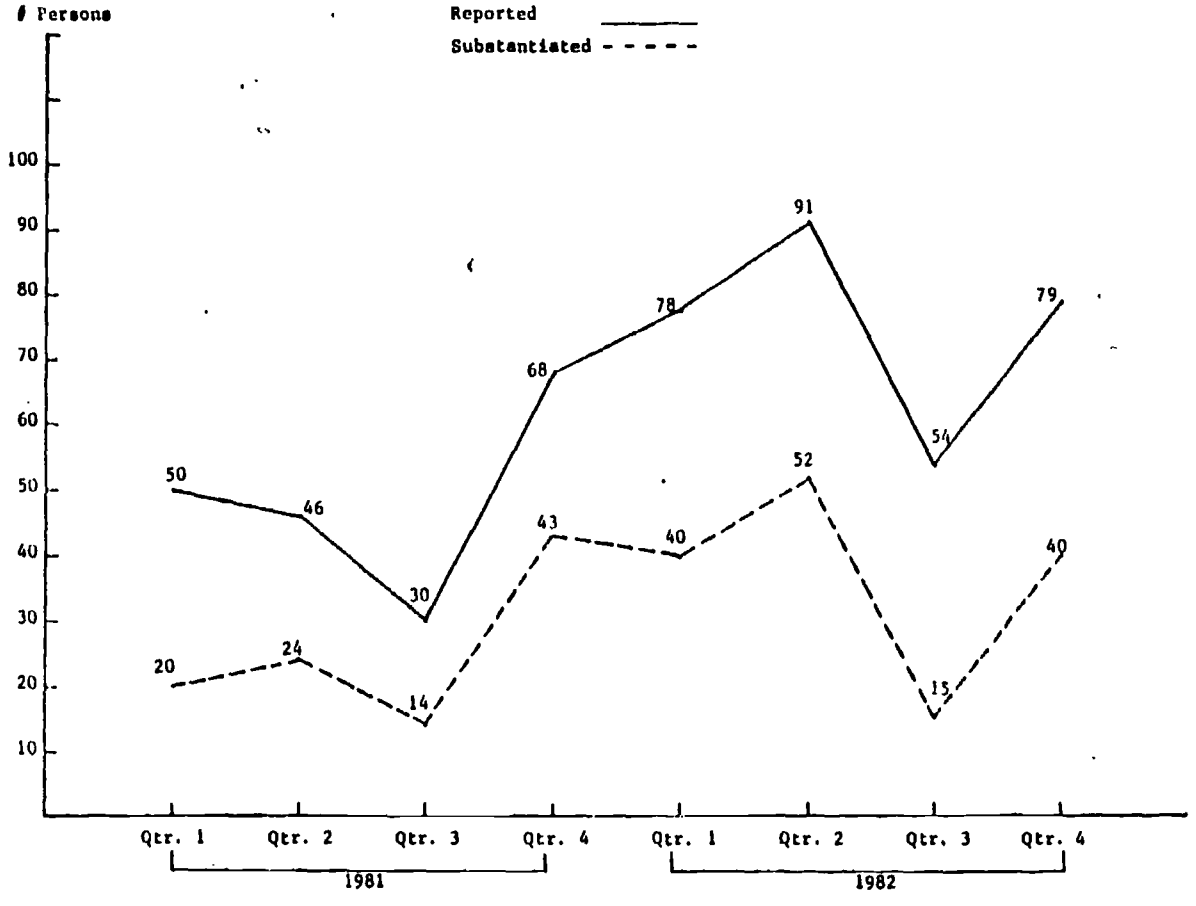
Qtr. 1
Qtr. 2
Qtr. 3
Qtr. 4
1981
1982
1983

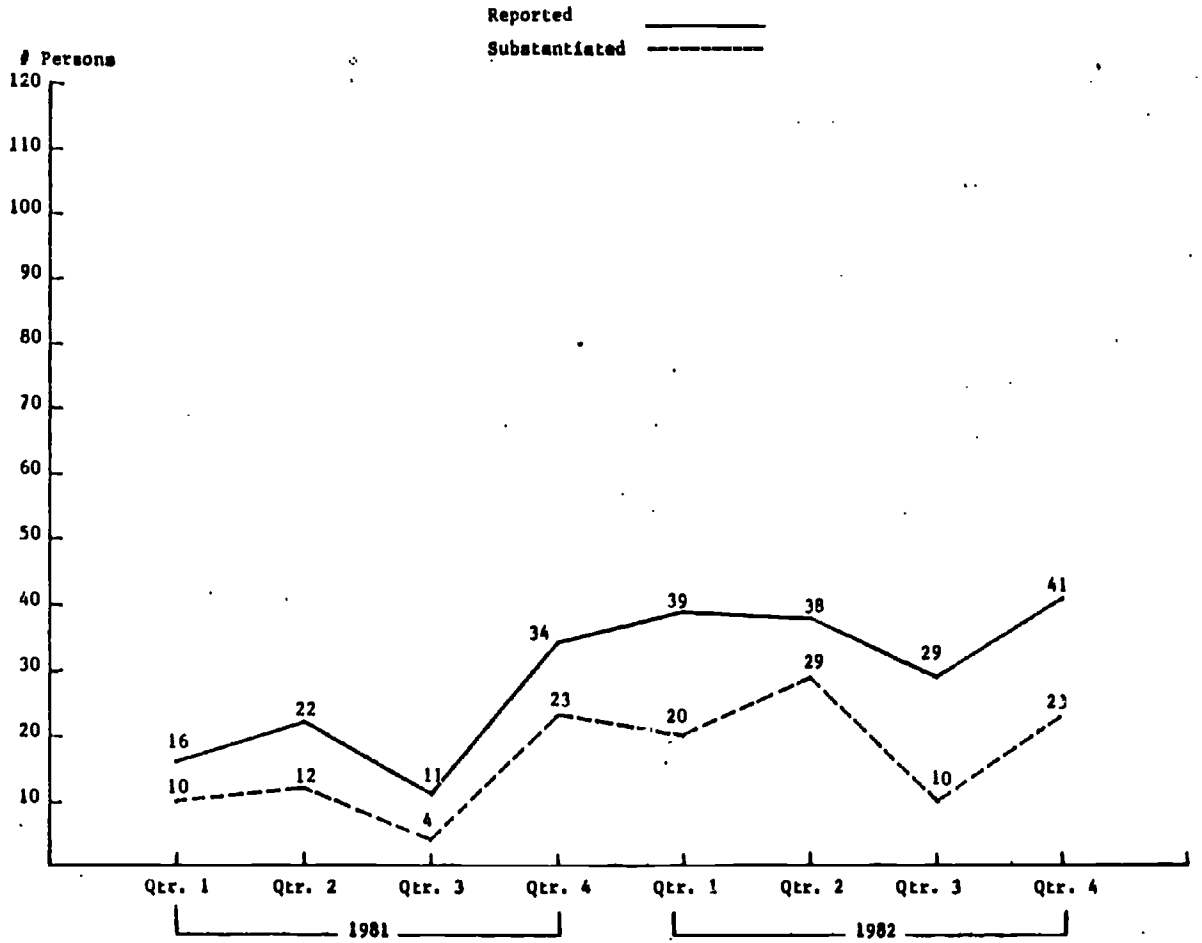
REPORTED AND SUBSTANTIATED CHILD ABUSE IN NORTH ST. LOUIS COUNTY



REPORTED AND SUBSTANTIATED CHILD ABUSE IN ST. LOUIS COUNTY



REPORTED AND SUBSTANTIATED CHILD ABUSE IN SOUTH ST. LOUIS COUNTY



PREPARED STATEMENT OF DR. JAMES FRANCZYK, DIVISION OF HUMAN SERVICES, MINNESOTA STATE PLANNING AGENCY, ST. PAUL, MINN.

Mr. Chairman and Members of the Committee: I am Dr. James Franczyk from the Division of Human Services in the Minnesota State Planning Agency. This testimony summarizes research conducted by this office during the latter months of 1982 regarding the impact of the recent budget reductions and human services program changes on Minnesota's low income families and children. The complete results of this research and a description of the methodology can be found in a report entitled "The Effects of 1981-1982 Budget Reductions and Program Changes on Minnesota's Vulnerable Human Services Populations," May, 1983.

Before reporting the major observations and conclusions of this study, let me point out two unique characteristics of the research. First, the populations served by the array of human services programs were the focus of study, not the separate programs themselves. Hence, information about changes within programs (e.g., Medical Assistance, Maternal and Child Health, WIC, Public Housing, etc.) were assembled to produce a portrait of the overall impact on populations (e.g., families, children, single individuals without children, chemically dependent persons, mentally ill persons, the elderly, and the disabled).

Second, data from several sources were reviewed and organized conceptually. In addition to the Minnesota State Planning Agency, those data sources included: the Center for Urban and Regional Affairs at the University of Minnesota, the Minnesota Chapter of the National Association of Social Workers, the Urban Coalition of Minneapolis, Catholic Charities of Minneapolis, the Hennepin County Department of Planning and Development, the Minnesota Department of Public Welfare, and the welfare departments in the counties of Hennepin, Ramsey, St. Louis, Anoka, Cass and Region 8 North.

A final report of this research describes the impact of the budget reductions and program changes on families and children (and the other "vulnerable populations") within categories of (1) Cash Assistance, (2) Food and Nutrition, (3) Health Care, (4) Housing, (5) Social Services, and (6) Employment and Training.

HIGHLIGHTS AND MAJOR CONCLUSIONS

The chapters of the final report pertaining to (1) low income families with children, and (2) children are attached to this testimony.

The following highlights are noted:

Low-income families with children

Federal and state AFDC changes decreased Minnesota's caseload by over 10,500 families. Nearly 19,000 children were affected.

With few exceptions, employed AFDC recipients retained their jobs after their benefits were terminated. Many found second jobs or worked more hours.

One-third of the children in families terminated from the AFDC program have no health insurance.

Day care options for low income families with children have decreased. Both the child care allowance in the AFDC grant and social service-financed day care have been reduced.

The number and proportion of food stamp households composed of low income families with children appears to have increased since the 1981 program changes were implemented.

Children

Earnings of children in AFDC families are now considered part of the family income when the grant amount is calculated. Teenagers now have less incentive to work.

Higher education opportunities for children from low and moderate income families have been affected by: The new disincentive for AFDC children to work and save money; the elimination of Social Security benefits for post high school students; and stricter guidelines for federally guaranteed student loans.

The number of children receiving school lunches in Minnesota declined by 15 percent after the federal changes in that program. The number of students participating in the school breakfast program declined by 20 percent.

Many counties have developed alternatives to out of home placements for troubled youth.

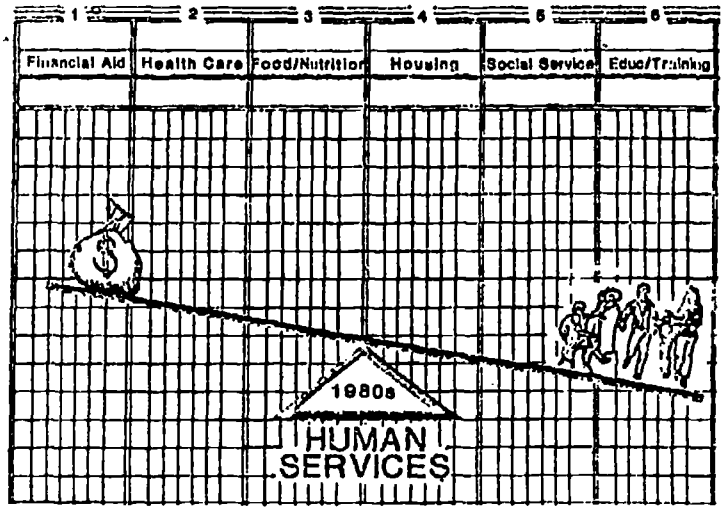
CONCLUDING REMARKS

On behalf of the Minnesota State Planning Agency I wish to extend my appreciation to the Select Committee on Children, Youth and Families for this opportunity to share this important information about the impact on the 1981-1982 budget reductions and program changes in the state of Minnesota. This agency will gladly assist the Committee at any time in the future as you assess the needs of these populations.

32-222 O—84——9

THE EFFECTS OF 1981-1982 BUDGET REDUCTIONS
AND PROGRAM CHANGES ON MINNESOTA'S VULNERABLE
HUMAN SERVICES POPULATIONS

CHAPTERS I AND VII ONLY



Prepared By: The Office of Human Resources Planning
Minnesota Department of Energy, Planning
and Development
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CHAPTER I: LOW INCOME FAMILIES WITH CHILDREN

Low income families with children may qualify for public assistance benefits from one or more of the following programs: (1) Aid to Families with Dependent Children, (2) Medical Assistance, (3) Food Stamps, (4) Housing Assistance, (5) Social Services, and (6) Free or Reduced Price Lunches for Children. Of those, the AFDC program and Medical Assistance are most frequently used. According to federal regulation all AFDC families are eligible to receive Medical Assistance benefits and most do. In addition, the Congressional Budget Office estimates that 75% of all AFDC families use food stamps, 19% receive housing assistance and children in 55% of the families receive free or reduced price lunches.

This chapter discusses the major changes that have occurred in these programs and provides information about how low income families with children have been affected.

CASH ASSISTANCE

Programs and Services: Federal and state changes in the eligibility criteria for the AFDC program have had the most serious repercussions on this population group. Those changes include:

- Calculation of the income of stepparents in determining the financial eligibility of the dependent children.
- Limiting eligibility for AFDC benefits to families whose income is at or below 150% of the state's standard of need.
- Limiting the existing work incentive disregard, which allowed the first $30.00 of earnings and one-third of the balance to be disregarded in calculating benefit levels, to the first four months of employment; and reducing the work incentive disregard by basing the "$30 and one-third" rule on net earnings instead of gross earnings.
- Calculating lump sum payments and Earned Income Tax Credits in determining AFDC eligiblity and benefit levels.
- Limiting child care expenses to $160.00 per child and work related expenses to $75.00 for all employed persons.

During the one year period beginning June, 1981 and ending June, 1982 in which these changes were implemented in Minnesota, the state AFDC

caseload decreased by 19.5% or 10,539 families. The number of AFDC children also decreased by 19.5% (N=18,954). These figures exclude children receiving foster care in group homes or institutions. Table 1 below reflects the actual caseload change for the state of Minnesota and six selected counties. It also reflects the 5.3% increase in the state caseload between June, 1982 and December, 1982. This increase is expected to be a reflection of both the state's high unemployment rate and seasonal fluctuation in that program's use.

TABLE 1

AFDC Caseload Size:
Minnesota and Selected Counties*

	JUNE 1981	DEC 1981	JUNE 1982	% Change 6/81 to 6/82	12	% Change 6/82 to 12/82
Minnesota	54137	50111	43593	-19.5%	45891	+ 5.3%
Hennepin	15003	14028	11752	-21.7%	12140	+ 3.3%
Ramsey	8034	7604	6494	-19.8%	6931	+ 6.7%
St. Louis	4274	3332	3594	-15.9%	3882	+ 8.0%
Anoka	2784	2469	2036	-25.1%	2200	+ 5.5%
Cass	503	478	435	-14.4%	487	+12.0%
Region 8 North	369	337	298	-19.2%	322	+ 8.1%

* Statistics do not include foster care children in institutions or group homes but does include AFDC-UNEMPLOYED PARENT cases.

Source: Minnesota Department of Public Welfare, Public Assistance Trends.

Although it is not possible to provide an exact count of the number of AFDC cases that were terminated because of the state and federal "step-parent" rulings, it is noteworthy that the state caseload decreased by slightly more than 4,000 families during the 6-month period in which the change was implemented (June 1981 through December 1981). Similarly, the number of families affected by the federal changes in AFDC eligibility criteria can be inferred from the decrease in caseload size between December, 1981 and June, 1982. As Table 1 indicates, 6,513 fewer families received AFDC benefits in June, 1982 than in December, 1981. Again, unemployment and expected seasonal fluctuations make it difficult to compute the exact number of families affected by the changes in the law.

Interviews with welfare directors and program managers conducted for this study suggest, however, that the proportion of AFDC families

terminated because of the stepparent rulings varied somewhat across counties. The following rough estimates were reported: (1) Ramsey - 450 cases (30% of all cases terminated), (2) Hennepin - 937 cases (34%), (3) St. Louis - 450 cases (67%), (4) Region VIII North - 12 cases (24%) and (5) Anoka - 300 cases (50%).

It is also known that in Minnesota 711 more families were receiving AFDC benefits as "unemployed parents" in June of 1982 than in June of 1981 (see Table 2 below). And, 1,113 additional families were receiving "unemployed parent" benefits 6 months later, in December, 1982. As noted, AFDC - unemployed parent families have increased from 7.9% to 13% of the total caseload during the 18 month period.

TABLE 2

Number of AFDC-Unemployed Parent Cases and Percent of Total AFDC Caseload

	June, 1981	December, 1981	June, 1982	December, 1982
AFDC-UP Cases	4294	4935	5005	6118
Percent of Total Caseload	7.9%	9.8%	11.5%	13.3%

Source: Minnesota Department of Public Welfare, Public Assistance Trends.

State expenditures for AFDC benefits decreased by almost $1.5 million during the year in which the modified eligibility criteria were implemented, from $16.5 million in June of 1981 to $15.0 million in June, 1982. By December, 1982, however, state payments had increased to $16.8 million as a result of the caseload increase and cost of living adjustments to benefit levels. The average AFDC grant per family increased from $305.37 in June of 1981 to $345.63 in June, 1982. This grant increase must be interpreted with caution, however, inasmuch as the June, 1981 figure reflects both low benefit levels received by employed recipients as well as higher level benefits received by recipients who are not employed. The June, 1982 figure, on the other hand, reflects only those recipients left on the caseload after the eligibility criteria changes; namely, recipients who were not employed or whose earned income was sufficiently low to prevent termination from the program (see Table 3). Simply stated, the increase in the average AFDC grant reflects a decrease in the number of working recipients and an increase in the number and proportion of families receiving larger grants. And, to some extent, it also reflects a cost of living increase to AFDC grant recipients after July 1, 1981.

TABLE 3

Total State AFDC Payments and
Average Payment per Family in Minnesota

	June, 1982	December, 1981	June, 1932	December, 1932
Total State Payments	$16,547,000	$17,033,305	$15,068,860	$16,315,481
Average Payment per Family	$305.37	$341.01	$345.03	$366.40

Source: Minnesota Department of Public Welfare, Public Assistance Trends.

Profiles of Terminated AFDC Families: The best information about the impact of the federal eligibility changes on individual AFDC families in Minnesota is available from a time series follow-up survey of working AFDC recipients. That study was conducted by the University of Minnesota's Center for Urban and Regional Affairs and Center for Health Services Research. Data was collected in Hennepin County and in four rural counties (Carlton, Faribault, Martin and Watonwan). Telephone interviews provided information about the status and characteristics of affected families. Baseline data was gathered for the month of January, 1982 (before implementation of the changes). Follow-up data was gathered in July, 1982 (shortly after the changes). A third round of interviews was also conducted in early 1983 but that data was not available at the time this report was written.

The effect of the revised income eligibility standards and the four-month limit on the earned income disregard for AFDC recipients who were working prior to the federal changes is revealed in the following statistics. According to the University of Minnesota study, 64.0% of the Hennepin County sample were terminated from the caseload effective February, 1982. By July, 1982 68.5% of the families in the study were no longer receiving AFDC benefits. In the rural counties, 46.0% of the sampled families were terminated from the caseload effective February, 1982. By July, 1982 the percent of the sample not receiving AFDC benefits increased to 59.6%. It was also noted that most of those families not receiving AFDC benefits in July of 1982 were employed (93.5% in Hennepin County and 94.1% in the rural counties.)

The University of Minnesota studies reported further that the average net household income of the families sampled decreased, both in Hennepin and the rural counties. As Table 4 and Table 5 indicate, average net household income for these families, regardless of whether they were receiving AFDC benefits or not, and regardless of their employment status, was less in July, 1982 than it was in January, 1982. The decrease was especially pronounced for the families in

the rural counties, possibly because of fewer opportunities for employment. The University study concluded that although many families had increased their earned income by working more hours or taking on second jobs, this added effort was insufficient to make up for the loss of AFDC benefits.

TABLE 4

Average AFDC Grant and Net Household Income by AFDC and Employment Status: Before and After Program Eligibility Changes in Hennepin County, Minnesota

STATUS JULY 1982	AFDC GRANT			NET HOUSEHOLD INCOME		
	JAN 1981	JULY 1982	% Change	JAN 1982	JULY 1982	% Change
Off AFDC and Working	$219	$ 0	-100.0%	$879	$827	- 5.9%
On AFDC and Working	$332	$249	- 25.0%	$775	$769	- 0.8%
On AFDC, not Working	$321	$318	- 0.9%	$686	$638	- 7.0%

(Source: Ira Moscovice and William J. Craig, Federal Cutbacks and Working AFDC Recipients: a Preliminary Analysis, December, 1982)

TABLE 5

Average AFDC Grant and Net Household Income by AFDC and Employment Status: Before and After Program Eligibility Changes in Four Rural Minnesota Counties

STATUS JULY 1983	AFDC GRANT			NET HOUSEHOLD INCOME		
	JAN 1982	JULY 1982	% Change	JAN 1982	JULY 1982	% Change
Off AFDC and Working	$237	$ 0	-100.0%	$862	$710	-17.6%
On AFDC and Working	$235	$187	- 20.4%	$791	$723	- 8.6%
On AFDC, not Working	$369	$338	- 8.5%	$702	$549	-21.8%

(Source: William J. Craig and Mary R. Conaway, Federal Cutbacks and Working AFDC Recipients: A Preliminary Impact Analysis in Rural Minnesota, February, 1982)

The computation of net household income reflected in the University of Minnesota report, however, does not precisely indicate benefit reductions or increases in the family food stamp allotment. Since food stamp benefits can be considered a form of "cash assistance," it is important to know how total household income for the affected AFDC families has changed as a result of changes in that program. Unfortunately, Minnesota's food stamp data collection system is inadequate to provide information at this level of detail. But, the results of a simulation of the effects of the new AFDC and food stamp eligibility changes conducted by the Congressional Budget Office do provide some insights.

Selected data from that research is presented in Table 6 below as it applies to a family of 4 with monthly child care and work related expenses of $100 in the states of Oklahoma and California. Oklahoma represents states with maximum AFDC payments of between $300 and $400 per month for a family of this size; California, states with maximum payments of over $600 per month. Minnesota's maximum payment is $509 for a family of 1 adult and 3 children prior to February, 1983. As indicated, a family of 4 in the maximum payment states with child care and work expenses can have a reduction in total AFDC and food stamp benefits of between 17.9% and 47.6% depending on the amount of earned income.

TABLE 6

Total AFDC and Food Stamp Benefits for a Family of Four in a Medium and Maximum Payment State, for Households with Selected Earnings and $100 per Month Child Care and Work Related Expenses.

	Monthly Earnings	Total AFDC Plus Food Stamps Under Prior Law	Total AFDC Plus Food Stamps During First 4 Months	Total AFDC Plus Food Stamps After 4 Months	Percent Decline in Benefits: First 4 Months	Percent Decline in Benefits: After 4 Months
Oklahoma (medium payment)	$200	$490	$417	$373	-14.9%	-23.9%
	$400	$343	$279	$190	-19.0%	-45.4%
	$600	$207	$154	$126	-25.7%	-39.1%
California (maximum payment)	$200	$666	$591	$547	-11.3%	-17.9%
	$400	$524	$453	$364	-11.5%	-30.5%
	$600	$383	$328	$201	-14.4%	-47.6%

(Source: Congressional Budget Office, Cumulative Effects for Selected Households of Benefit Reductions Enacted in 1981 in the AFDC, Food Stamp and Housing Subsidy Programs. February, 1982)

Of the 558 working AFDC families surveyed in Hennepin County, the typical respondent was a 31 year old white woman with a high school degree and 2 children. Ninety-eight percent (98.0%) of the respondents were women, 86% were white, 7% were black, 77% had a high school diploma, 9% were college graduates, and the average family had 3.2 members including 1.8 children.

Of the 57 working AFDC families in the rural sample, the typical respondent was also a 31 year old white woman with a high school degree and 2 children. Ninety-five percent (95.0%) of the respondents were women, 93% were white, 5% were Indian, 86% had a high school diploma or more post-secondary training, and the average family had 3.1 members including 1.8 children.

Responses to Affected AFDC Families: As indicated above, the University of Minnesota studies reported that, on the average, families affected by termination of their AFDC status or a reduction in benefits were unable to replace all of their lost income. Those studies show that very few quit their jobs to retain AFDC status, several increased the number of hours they worked and many others changed in their day care and housing arrangements. The finding that few terminated employment to retain AFDC status was corroborated by observations made by the County Welfare Administrators interviewed for this study.

In Hennepin County, 15.6% of the AFDC recipients who were employed prior to the federal changes were no longer employed in July of 1982 but still receiving AFDC benefits. But only 10% of that small number indicated that they were not working in order to avoid losing their AFDC grant. In the rural counties, the University researchers found no evidence to indicate that any of the persons in their sample coped with the federal changes in this way. These findings strongly suggest that AFDC recipients tend to choose employment over welfare dependency when they have a choice. This contradicts the general belief that welfare is a preferred way of life for most recipients.

Increasing the number of work hours at the same job, or finding a second job, was a more frequently used method of coping in both Hennepin and the rural counties. This was especially true of those families who were no longer receiving AFDC benefits in July, 1982. That group increased their weekly hours worked from 35.8 hours to 37.4 hours, on the average, in Hennepin County. In the rural counties those families no longer receiving AFDC increased their average weekly hours worked from 36.0 hours to 37 hours. Families still on AFDC and working in Hennepin County also increased the number of weekly hours worked, on the average, but not by as large a margin as the non-AFDC recipients. But, in contrast, the rural families still receiving AFDC and employed decreased their weekly work hours.

Adjustments were also made by many in the frequency of day care use, the choice of provider of day care and the use of external financial support for these services. In Hennepin County, those families in the sample who were still employed in July of 1982 were more likely to have increased the number of day care hours used while decreasing the overall monthly cost. Among families who were no longer receiving AFDC benefits but working, for example, the average number of weekly day care hours increased from 25 to 46. The average cost, in contrast, decreased from $96.00 to $80.00 per month. The University study in Hennepin County reported a one-third increase in the use of the county's Title XX funds for day care, a shift from the use of formal day care to

relatives, switching to less expensive day care centers and leaving the child alone for part of the time.

In the rural counties, a similar increase in day care hours was noted with a simultaneous increase in costs. Rural families, however, seemed more inclined to use "babysitters" rather than relatives. They also decreased their use of formal day care centers substantially.

Some, though not a large number, also changed their place of residence in an effort to cope with the decrease in cash assistance. Approximately 14% of the Hennepin County sample and 16% of the rural county sample moved between the time of the two interviews. At least a third of the respondents who moved in both the urban and rural areas indicated they did so to find a cheaper place to live. Conversely, the number and percentage of families who moved to find a better place to live decreased. The actual number who changed residence after the program changes, however, was not substantially different from the number that moved before the change.

Quality of Care/Well-Being: The incidence of financial emergencies provides some indication of the general well-being of the families affected by the AFDC changes. The University researchers noted that the number of rural recipients facing utility shut-offs nearly doubled in the period following the AFDC cut-backs. Most responded by working out a payment plan; none sought or received help from fuel or emergency assistance programs. In contrast, 30% of the Hennepin County respondents had a threatened or actual utility shut-off during that same 6-month period. Fifteen percent (15%) of those threatened, however, received fuel or emergency assistance.

Information from Region VIII North acquired by the Office of Human Resources Planning brought to light an additional problem. Welfare program managers in that three county consortium indicated that not only are fuel assistance grants generally inadequate to meet the needs of recipients residing in this flat, windy region of the state but fuel companies are demanding cash and are no longer extending credit. These factors add to the hardship of low income families in this area. (Note: According to the Minnesota Department of Economic Security, 104,255 households received fuel assistance in the state between October, 1981 and September, 1982, about 10,500 fewer than the year before. About 20% were AFDC households, 22% were food stamp households, 35% were elderly households, 14% were households with handicapped persons. The remaining 9% were other eligible households, including those with members receiving SSI benefits.)

Finally, welfare administrators interviewed also reported that affected AFDC families, including new applicants, experienced secondary repercussions from the turmoil created by the administrative changes necessary to implement the revised eligibility criteria. The relationship between welfare workers and recipients was strained by the rapid and complex regulation and judicial changes that occurred during the time of transition.

FOOD AND NUTRITION

This section outlines the sketchy information available about the food needs of low income families with children. It: (1) reviews changes in the federal food stamp eligibility criteria, (2) reports changes in the composition of Minnesota's food stamp recipient population, and (3) reviews data about how AFDC households have been affected by these changes in federal and state law.

Programs and Services: Low income families with children, both AFDC recipients and non-recipients, were affected by the stricter eligibility criteria for the food stamp program enacted in 1981. Those changes included:

- Restriction of eligibility to households with gross incomes at or below 130% of the federal poverty level for non-farm families (does not apply to households with elderly and disabled members).
- Use of monthly reporting and retrospective accounting to calculate recipient's incomes.
- Freezing the standard and dependent care/excess shelter deductions at existing levels until July 1, 1983.
- Modifications to the definition of "independent household" such that parents and adult children living in the same house are considered to be one household even if they do not prepare common meals (exception: if parent is age 60 or older).
- Reduction in the earnings disregard from 20% to 18% of earned income.

Low income families receiving AFDC benefits, and employed, before the federal changes did of course experience the combined effect of both the AFDC and food stamp eligibility changes. The data in Table 6 and the corresponding discussion above may be our best estimate of the combined effect on these families.

Recipient Profiles: In October, 1982 nearly 197,500 households (representing more than 535,000 persons) received free cheese, butter and milk through Minnesota's Surplus Food Distribution Program. Unfortunately, the data collection procedure did not distinguish between low income families, single individuals, elderly, disabled or other groups. Nor did it distinguish between families recently terminated from AFDC and those who were victims of unemployment. Consequently, there is no way of knowing how many households who received surplus food were affected by the federal and state changes in welfare programs in previous months.

Similarly, aggregate data about statewide food stamp utilization provides few insights about the composition of participating households. It is known, however, that the number of households participating in the program decreased from 81,000 in July, 1981 to below 75,000 in December, 1981. Since this period of time encompassed

both the state changes in the General Assistance program and the implementation of the state and federal AFDC stepparent rulings, it is impossible to know how much of this decline is attributable to single individuals and how much to low income families. It also incorporates the time in which the gross income test for food stamp eligibility was implemented. From that point in time (December, 1981) the food stamp caseload again rose to slightly above 80,000 participating households before declining again. To what extent this latter decline was the result of seasonal fluctuations in the caseload versus implementation of the federal AFDC eligibility changes is unknown.

Food stamp data from selected counties, however, strongly suggests that the composition of the food stamp caseload as it relates to families and single individuals has changed. Table 7 below reports the change in the number of children within participating households between October, 1980 and October, 1982 in Ramsey and Carlton counties. As indicated, the ratio of children to total participating households has increased during that time, suggesting that a larger proportion of the participating households are low income families with children rather than single individuals, elderly or disabled. In fact, the caseload composition data from three counties (Hennepin, St. Louis and Carlton) acquired for this study indicates that the actual number of elderly and disabled receiving food stamps during this time period remained approximately the same. Obviously, low income families with children, whether victims of unemployment or changes in program eligibility criteria, or both, make up a larger portion of the food stamp caseload today than they did before the 1981 program eligibility changes.

TABLE 7

Number of Children in Households Receiving Food Stamps in Two Minnesota Counties

	October, 1980	October, 1981	October, 1982
Ramsey			
# of Children	13,947	15,952	16,433
# of Households	10,819	10,585	10,249
Average # of Children per Household	1.29	1.51	1.60
Carlton			
# of Children	868	1,000	1,123
# of Households	734	753	774
Average # of Children per Household	1.18	1.33	1.45

Source: Data acquired from selected counties.

The inference about the increase in the proportion of low income families using food stamps was corroborated by interviews with welfare program managers conducted by the Office of Human Resources Planning in several counties. When asked to describe the new food stamp applicants, many reported a rise in the number of young families with children, many of whom had never pursued welfare benefits in the past. Meanwhile, the University of Minnesota follow-up study of working AFDC families reported only a slight rise in the percentage of this affected group who use the food stamp program: from 24.5% in January, 1982 to 31.0% in July, 1982. These observations, taken together, strongly suggest that the increase in the number of low income families with children using food stamps may be more the result of unemployment in Minnesota than changes in either AFDC or food stamp eligibility.

Responses to Affected Families: The University of Minnesota studies provide the only information available about methods used by affected AFDC families to cope with their food needs. The following results were reported:

- In Hennepin County, almost one-half responded in July by eating less or cheaper food, 20% borrowed money from friends/relatives, 11% used emergency food shelves/food shelters, and 10% ate meals at friends/relatives. The number of families reporting that they could not buy sufficient food, however, dropped from 47.8% in January, 1982 to 45.9% in July, 1982.

- In the rural counties, one-half of the respondents reported eating less or cheaper food in July, 11% borrowed money from friends/relatives, 6% used emergency food shelves/food shelters, and 11% ate meals at friends/relatives. The percent of families indicating they could not buy sufficient food decreased from 42% in January, 1982 to 32% in July, 1982.

Seasonal changes in food prices, energy costs and reliance on the family garden during the summer months may partially explain the decrease in the number of families reporting insufficient food in both the urban and rural counties.

HEALTH CARE

Programs and Services: In Minnesota, termination of a family's AFDC status results in automatic termination of eligibility for Medical Assistance benefits. A 60 day extension is possible, however, if the termination is due to increased income or expiration of the $30 and one-third income disregard. Also, low income families with large medical expenses may qualify for financing under that program as "medically needy," as they spend down their resources. A separate application procedure is required.

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Low income families may also qualify for medical payments under the state's General Assistance Medical Care program under special circumstances, either as GA cash grant recipients or as GAMC "medically needy." Use of the Medical Assistance program is far more common, however.

Of the Medical Assistance program changes, none are likely to have a major effect on low income families with children. The few families that participate in the General Assistance Medical Care program, however, were affected by the modifications to the personal property limits. An asset limit of $1,000 per family, regardless of size, was implemented in February, 1983. Prior to that time assets could total $4,000 for families. In addition, all GAMC recipients, including families, were affected by changes in provider behavior brought on by a reduction in reimbursement rates to the 50th percentile of 1978 usual and customary fees. An additional reduction in reimbursement of 45% for chemical dependency and mental health services provided by inpatient hospitals, outpatient hospitals, and physicians was also implemented. All other services provided by inpatient hospitals were reduced by 35% and services by other providers by 25%.

Recipient Profiles: Data from the Minnesota Central Welfare Payments File maintained by the Department of Public Welfare indicates that between winter, 1981 and winter, 1982, the period in which the federal and state stepparent rulings for AFDC eligibility were implemented, indicates approximately 5,000 fewer AFDC persons received medical services under this program in Minnesota. During the same time period, the AFDC cash grant caseload was reduced by 11,000 persons (adults and children).

Despite this reduction in total persons served, use of MA-financed mental health services increased by 4.6% by AFDC families. In addition, a marked increase in the use of state hospitals for mental health and chemical dependency treatment was noted. This data strongly suggests that the stresses of the economy, of unemployment and changes in the standards for public assistance eligibility took their toll on low income families.

The use of medical services financed by the state's Medical Assistance program, on the other hand, decreased for this population. Although an unduplicated count of the number of persons receiving those services categorized as "medical" in Table 8 is not available, the data above would suggest that about 3,800 persons were affected by the change.

The extent to which terminated AFDC families sought medical care as "medically needy" cannot be determined from Table 8. It is noted, however, that 800 more persons received assistance under this status during the later time period. Additional data analysis is necessary to determine what proportion of this increase is attributable to low income families. The slight reduction in the use of family planning

TABLE 8

Number of AFDC and Medically Needy Persons Receiving Medical Assistance-Financed Services in Minnesota*

	(Number of persons unduplicated within service categories) AFDC			Medically Needy		
	11/80 to 2/81	11/81 to 2/82	% Change	11/80 to 2/81	11/81 to 2/82	% Change
State Hospitals (MI & CD)	27	49	+81.5%	382	265	-22.5%
Chemical Dependency Services						
Inpatient Hospital	324	313	- 3.4%	152	103	-28.9%
Outpatient Hospital	161	134	-16.7%	77	62	-19.5%
Mental Health Center	45	98	+117.8%	18	17	
Physicians	367	344	- 6.3%	138	127	- 8.0%
Psychologists	45	37	-17.8%	34	16	-52.9%
Other	3	4		1	5	
Total CD-duplicated	945	930	- 1.6%	417	335	-19.7%
Mental Health Services						
Inpatient Hospital	517	511	- 1.2%	464	532	-14.7%
Outpatient Hospital	856	871	+ 1.8%	621	655	+ 5.1%
Mental Health Center	1961	2218	+13.1%	505	540	+ 6.7%
Physicians	3559	3231	- 9.5%	949	842	-11.3%
Psychologists	1722	2165	+25.7%	679	900	+32.5%
Other	80	113	+41.3%	8	6	
Total MH-duplicated	8705	9109	+ 4.6%	3222	3473	+ 7.8%
Medical						
Inpatient Hospital	8550	8464	- 2.2%	6161	6320	+ 2.6%
Outpatient Hospital	33269	30420	- 8.6%	12367	13077	+ 5.7%
Physicians	82891	78939	- 4.8%	36918	38637	+ 4.7%
Prescription Drugs	72756	68145	- 6.3%	40546	40967	+ 1.0%
Total Medical-duplicated	197566	185968	- 5.9%	95992	99001	+ 3.1
All Other						
Dental	39283	36648	- 6.7%	9560	9705	+ 1.5%
Chiropractic	2769	2536	- 8.4%	468	382	-18.4%
Family Planning*	12443	13098	+ 5.3%	965	910	- 5.8%
Home Health	3668	3469	+13.1%	960	1074	+11.9%
Public Health	5375	4519	-15.9%	131	265	+102.3%
Private Nurse	388	477	+22.9%	157	190	+21.0%
Optometric	9605	8989	- 6.4%	2706	2493	- 8.2%
Podiatry	409	333	-18.6%	3569	3712	+ 4.0%
Audiology	20	9		197	83	-57.9%
Speech Therapy	11	29		341	278	-18.5%
Physical Therapy	56	40	-28.6%	235	228	- 3.0%
Occupational Therapy	0	1		10	17	
Rehabilitation	124	103	-16.9%	248	264	+ 6.5%
Transportation	1474	1567	+ 6.3%	6248	6457	+ 3.3%
EPSDT	5501	5448	- 1.0%	579	545	- 5.9%
Crippled Children	122	116	- 4.9%	15	16	
Nursing Home-SNF	1	0		16278	17225	+ 5.8%
Nursing Home-ICF-I	3	5		11164	10942	- 2.0%
Nursing Home-ICF-II	0	0		1566	1497	- 4.4%
Nursing Home Rehab.	16	11		4209	4370	+ 3.8%
State Hospital-MR	12	12		1203	1219	+ 0.9%
ICF-MR	0	0		2092	2358	+12.7%
Independent Laboratory	716	914	+27.7%	3356	4011	+19.5%
Supplies	6894	6439	- 6.6%	7278	7369	+ 1.3%
Buy-In: Medicare	33	37		600	1123	+87.2%
Recipient Pcts	25	23		18	14	
Total Other-duplicated	88348	84322	- 4.5%	74168	76737	+ 3.5%
Grand Total-unduplicated	129,537	124,491	- 3.9%	52,443	53,238	+ 1.5%

Table 8 (continued)

Total Unduplicated Medical Assistance Recipients (inc. AFDC, SSI/MSA and medically needy) November 1980 through February 1981 = 209,505.

Total Unduplicated Medical Assistance Recipients (inc. AFDC, SSI/MSA and medically needy) November 1981 through February 1982 = 204,813.

* Services provided during November 1980 through February 1981 as paid through August 31, 1981, compared with services provided during November 1981 through February 1982 as paid through August 31, 1982.

Source: Minnesota Department of Public Welfare, Minnesota Central Welfare Payments File.

and EPSDT services by the "medically needy," however, suggests that the number may be small. Interviews with welfare administrators in the counties selected for interviews seemed to support this conclusion. Ramsey County, for example, estimated that only about 200 of the 800 additional Medical Assistance cases observed between January and November of 1982 were AFDC-related. Similar observations were made by program managers in Anoka County and Region VII North.

The use of GAMC-financed medical services by families over an 18 month period is portrayed in Table 9 below. That data indicates a 32.7% decrease in the number of low income families using the program between June, 1981 and December, 1982. This time period encompasses the effect of changes in all the cash grant and public medical care programs (AFDC, GA, MA, GAMC). It was also a time of rising unemployment, a factor which, under the previous law would have most likely contributed to an increase rather than a decrease in the family GAMC caseload.

TABLE 9

Number of Families For Whom General Assistance Medical Care Payments were made in Minnesota: June, 1981 through December, 1982

	June 1981	Dec. 1981	Feb. 1981	June 1982	Dec. 1982
GA Only	195	82	76	108	96
GAMC "medically needy"	1868	1328	1409	1219	1292
Total	2053	1410	1485	1327	1388

Source. Minnesota Department of Public Welfare, Minnesota Central Welfare Payments File.

Responses of Affected Low Income Families: The University of Minnesota follow-up survey of rural and urban AFDC families indicated that those families no longer receiving AFDC benefits and working made the greatest changes in their use and payment of health care. In Hennepin County 55% of that group and 41.9% of the total sample were paying their health care bills out-of-pocket in July, 1982. In the rural counties, 54% of those off AFDC and 46% of the total sample were paying for health care in this manner. One-fifth of the Hennepin County families who were off AFDC and working in July, 1982 had no health care insurance; nor did more than one-third of the children of those families. In the rural counties, almost one-third of the families in that group had no health insurance.

Choice of health care provider seemed to change only slightly, with an increased preference for HMOs in Hennepin County. In January, 1982 8.5 of the Hennepin County respondents indicated that an HMO was their usual source of health care. In July, 1982 12.5% of the families indicated this preference. The private physician was still the provider of choice for nearly two-thirds of the families. In the rural counties, where HMOs are not available, a slight shift was noted away from the private physician and toward community clinics. In January, 1982 13% of the families in the sample reported the community clinic as their usual source of health care. In July of 1982 21% gave that response. Use of the hospital outpatient department in the rural counties also decreased from 11% to 4%.

In addition, the University of Minnesota study indicated that 40% of the Hennepin County families off AFDC and working in July, 1982 delayed seeing a physician for financial reasons. Twenty-eight percent (28%) of their rural counterparts also gave this report. Fifty-percent (50) of that Hennepin County group reported delaying seeing a dentist for the same reason, as did 34% of the families in the rural counties who were no longer receiving AFDC benefits and working

HOUSING

Programs and Services: Two major changes in federal subsidized housing policy have been made which affect low income families. First, budget reductions have curtailed plans for the future construction of any additional subsidized housing units. Second, the proportion of gross income that recipients of rent assistance must pay has been increased from 25% to 30%. Current recipients of housing subsidies will gradually escalate to the 30% figure; new recipients will be required to pay 30% of their gross incomes during the first and subsequent months in which subsidies are received.

This section reviews the aggregate data available about subsidized housing; opportunities available to low income families with children in Minnesota and acknowledges the findings of the University of Minnesota study of working AFDC families as it relates to their housing situation.

Recipient Profile: According to the U.S. Department of Housing and Urban Development, there are approximately 61,000 subsidized housing units in the state of Minnesota. As Table 10 below indicates, 58% of those units are occupied by low income families with children; the remainder by elderly persons. Sixty percent (60%) of all subsidized units in the state are located in the seven county metro area, where the distribution of units occupied by families and those occupied by elderly persons is approximately the same as the state as a whole.

TABLE 10

Subsidized Housing Units* in Minnesota and 7 County Metro Area for Families and Elderly Persons (as of March 15, 1983)

HUD Program	Statewide Total	Statewide Family Units	Statewide Elderly Units	Total Metro Units
Low Rent Public Housing	21019	15157	5862	11887
Section 8 (Existing Units)	13975	5350	8625	8955
Section 8 (Newly Constructed Units)**	25995	14395	11100	15775
	60989 (100%)	35402 (58.0%)	25587 (42.0%)	36617

* Does not include subsidies to Developers for reduction in mortgage interest -- a subsidy which has the effect of reducing the total rent of each unit and therefore the rent paid by the occupant. Some recipients are thus receiving rent assistance and living in units with reduced overall rent simultaneously. There are approximately 10,000 units covered by the mortgage subsidy program in Minnesota at the present time.

** The category "new construction" includes HUD Section 8 projects handled by the Minnesota Housing Finance Agency, the Farmers Home Administration and "all others".

Source: U.S. Department of Housing and Urban Development, Minneapolis-St. Paul Regional Office.

Housing planners from the Metropolitan HRA estimate that most families occupying subsidized housing units are AFDC recipients and between 85 and 90 percent of them are single parent heads of households. Most, they suggest, are not employed or working limited hours because of young children in the home. Tables 11 and 12 below provide two possible case senarios of the combined effect of the AFDC and housing subsidy calculation changes. If these cases are typical, "after rent income" of a family with some earnings would have decreased by about 7.0%. Families without earnings would have experienced a decrease of about 4%.

TABLE 11

Case Scenario: After Rent Income Available to AFDC Family (With Earned Income) Occupying a Subsidized Housing Unit Before and After Federal Changes in Both Programs

	Prior to Federal Changes	After Federal Changes
Earned Income	$150.00	$150.00
AFDC Grant	$400.00	$380.00
Rent After Subsidy (25% before, 28% after)*	$137.50	$148.40
After Rent Income	$412.50	$381.60

* Reflects partial phasing in of new housing subsidy calculation formula.

TABLE 12

Case Scenario: After Rent Income Available to AFDC Family (Without Earned Income) Occupying a Subsidized Housing Unit - Before and After Federal Change in Housing Subsidy Calculation

	Prior to Federal Changes	After Federal Changes
Earned Income	$ 0.00	$ 0.00
AFDC Grant	$420.00	$420.00
Rent After Subsidy (25% before; 28% after)*	$105.00	$117.60
After Rent Income	$315.00	$302.40

* Reflects partial phasing in of new housing subsidy calculation formula.

Responses of Affected Families: While the University of Minnesota follow-up of working AFDC recipients indicated that 14% of the Hennepin County sample and 16% of the rural county sample changed residences for financial reasons during the first six month follow-up period, it did not distinguish between families residing in subsidized housing units and those in other living arrangements. Nor did the research design incorporate data collection on non-working AFDC families, some of whom receive rent assistance.

The following conclusions about housing arrangements of affected families in the urban and rural counties can be drawn from that study, however. First, most families (85.7% in Hennepin County and 84.0% in rural counties) did not change living arrangements. But between 30% and 40% of those who did indicated they did so because it was "cheaper to live there." Second, the proportion of families in the sample that moved to a new residence after the federal changes in AFDC was approximately the same as the proportion that moved before the changes. In fact, the proportion that moved in Hennepin County decreased from 17.2% to 14.3% in that time period. The small magnitude of the change and the absence of information about the number of families in the sample living in subsidized housing units, leave us with an incomplete picture about how affected families modified their living arrangements.

SOCIAL SERVICES

Day care is the primary social service used by low income families with children. As indicated in the section on "cash assistance" above, families affected by the AFDC changes made change in (1) the frequency with which they used day care services, (2) the type of day care provider and (3) their use of external financial support for these services. These changes were made by terminated families both to accommodate their increased work schedules and to maximize their financial resources.

Administrators of county welfare programs who were interviewed generally indicated a decrease in the use of publicly funded day care. This was partially attributed to the decrease in the number of AFDC families eligible and partially to reasons related to funding decreases. In fact, low income families in need of day care assistance were affected by reductions in both county social services budgets and the decrease in the child care allowance of the AFDC grant. Hennepin County, for example, reported that their social service day care budget decreased from $4.2 million to $3.2 million between 1980 and 1983 and that federal dollars for day care were almost totally eliminated during that time period. To cope with the reduction, that county shifted emphasis away from more expensive day care arrangements. In addition, day care is now provided through a central eligibility and voucher system rather than through contracts for slots with day care centers.

Similarly, Ramsey County reduced its social service day care budget from $1.57 million in 1981 to $1.12 million in 1982. Reductions were made in day care grants, subsidy fee services and services to WIN and non-WIN recipients.

It is also important to note that another category of social service, child protection, has been increasing both in caseload size and the

number of reports of child abuse. County welfare managers reported that this observed increase is likely to be the result of a combination of factors: unemployment, the stresses related to the termination of welfare benefits, increased reporting and extended case life due to improved facilities and treatment plans. Of course, the unique effect each factor is impossible to determine.

Spouse abuse was also reported to have increased. Ramsey County, for example, noted that more persons are seeking help from battered women's shelters. Because of reductions in the shelter budget, however (from $114,000 in 1981 to $85,000 in 1982), existing capacity is less able to address the need.

EMPLOYMENT AND TRAINING

Programs and Services: Employable adults in low income families with children have been affected by: (1) elimination of federal funding for the CETA public service employment program, (2) substantial funding reductions for the WIN (Work Incentive) program for AFDC recipients without children under six, and (3) elimination of the non-WIN program which provides supportive services and a training allowance to AFDC recipients in vocational training who have young children. Federal funding for WIN services was reduced by 30% in 1982 causing the virtual elimination of training services for AFDC recipients according to a report published by Hennepin County's Office of Planning and Development. In addition, federal funding of the social services component of the WIN program is questionable in 1983.

In summary, publicly funded employment training for low income families has been drastically reduced. The recently enacted Jobs Training Partnership Act may result in continued support for activities of some type, however.

COMMENTARY

Of all the populations affected by the budget reductions and program changes, low income families with children may have experienced the greatest change. Two significant policies were established. First, the income of stepparents will now affect the eligibility of step-children for AFDC benefits. Second, the employment earnings of AFDC recipients will substantially reduce grant size, or even threaten AFDC eligibility, after four months on the job.

The long range implications of these changes are still not totally clear. Will the new stepparent ruling affect marriage patterns among low income single parents? Will AFDC recipients who are unemployed be less likely to seek work because of the ultimate threat to their AFDC status? Will working AFDC recipients continue to

choose employment over welfare in the future as they have in the recent past? Continued monitoring is necessary to evaluate the effects of these major social policy changes.

And what of the low income families who are no longer eligible for benefits? Will they, in the long run, be able to support themselves on their reduced incomes? Will the lack of private health insurance or Medical Assistance eligibility seriously affect them and their children? Will there be secondary, long term, effects on public health care expenditures? And will low income families with children continue to seek assistance from the mental health delivery system to cope with the stresses of economic hardship?

Although Minnesota may have more information than many states about how families have been affected by the budget cuts, it must be emphasized that the data now available pertains only to the first few months after the change. Long range data collection efforts like that conducted by the University of Minnesota are critical.

CHAPTER VII: CHILDREN

This chapter highlights special issues related to children, especially those who are economically disadvantaged. While the impact of the budget reductions and program eligibility changes on this population have been indirectly discussed in other chapters of this report, there is a need to give special attention to those changes that relate specifically to infants, children and teenagers. That is the purpose of this chapter.

The reader is reminded, however, that children can be (1) members of AFDC families and/or, families receiving food stamps, (2) physically or developmentally disabled, (3) mentally ill (4) emotionally disturbed, or (5) chemically dependent. And, as such, they may have been effected by the budget reductions and program changes specific to each of those populations. For this reason, a review of the appropriate chapters of this report is recommended.

Some obvious facts cannot be ignored. For example, 19,000 children no longer receive medical care financed by the Medical Assistance program. Similarly, the availability of day care for children from economically disadvantaged families has been diminished as a result of reduction in county social service budgets and the decrease in the child care allowance for working AFDC mothers. These major changes are in addition to those which are described in the paragraphs that follow.

CASH ASSISTANCE

Programs and Services: Changes in four federal programs have effected children, especially teenagers and young adults: (1) the inclusion of children's income in the calculation of AFDC grants for low income families, (2) the elimination of Social Security benefits for children over 18 whose parent(s) is (are) disabled or deceased, and who are enrolled in a post secondary school, (3) elimination of the CETA Youth and Young Adult Conservation Corps, the YCC and YAC, administered by the Minnesota Department of Natural Resources, and (4) the reduction in federal and state dollars for the CETA Summer Youth program administered by the Minnesota Department of Economic Security. In this latter case, federal dollars were reduced by 18.0%, from $8.427 million in FFY 1981 to $6.907 million in 1982. During the same time period, Minnesota's appropriation for Summer Youth Employment decreased by 6.7%, from $4.217 million to $3.933 million.

Profiles of Affected Children: In May, 1982, just prior to the implementation of the modified AFDC eligibility criteria, there were 4,365 teenagers (age 12 through 17) in 12,615 families receiving AFDC benefits in Hennepin County. Of that number, the parents of 456 of them were employed. The remainder - 3,909 - were members of families with parents who were not working. All them were potentially affected by the new AFDC ruling regarding children's income. Comparable data for the entire state of Minnesota is not readily available from the Minnesota Department of Public Welfare at this time.

Similarly, no estimate is possible regarding children in the state that have been effected by the changes in the CETA Youth and Social Security programs. Continued analysis and monitoring by the appropriate state and local departments is necessary.

In the absence of hard data, one can only speculate about how children have been effected. Calculation of children's income in assessing AFDC eligibility and grant size is likely to be a disincentive to teenagers to seek employment. Adolescents generally work for several reasons: to gain independence, to develop a greater sense of responsibility, and to acquire spending money. These goals now threaten the AFDC status of the teenager's family. If teenage children in AFDC families respond to this conflict by not accepting employment when it is available, dependence on public assistance may be the result.

The effect of the elimination of Social Security benefits for post secondary students is expected to be minimal. Most students who would have been eligible for these benefits according to previous law are expected to qualify for student loans from other sources. However, there may be greater hardship for children from middle income families for whom such loans may be out of reach.

And, the elimination of CETA youth employment opportunities most likely effected many teenagers and their families. The fact that this change occurred at a time of record unemployment suggests that, in some low income families, both adults and teenage children may be out of work.

FOOD AND NUTRITION

Programs and Services: Budget reductions occurred in the following three federal programs that provide food service to children in low income families: (1) the School Lunch Program, (2) the School Breakfast Program, and (3) the Child Care Food Program.

Minnesota's School Lunch Program allocation was reduced from $15.4 million in 1981 to $8.0 million in 1982. In addition, PL 97-35 required that states match 30% of the federal funds for the 1980-1981

school year. However, it is anticipated that there will be slightly greater reimbursements from the federal government for free or reduced price lunches in future years. Most Minnesota school districts, private schools and residential child care institutions participate in this program.

The School Breakfast Program will also receive less federal money, but the amount is not as great. That budget was reduced from $1.600 million in 1981 to $1.575 million in 1933. Less than half (45.4%) of Minnesota school districts participate in this program.

Federal food service reimbursement for children in child care centers and family day care homes is expected to decline in future years. The size of the anticipated reduction is not yet known, however. In past years, both participation and expenditures for this program increased dramatically...from 1,000 children ($1 million) in 1978 to 35,000 children ($15 million) in 1981.

Profile of Affected Children: The Minnesota Department of Education reports that one million fewer lunches were served from school year 1980-81 to 1981-82. In addition, the number of school districts and child care institutions participating in the School Lunch Program has declined slightly. According to that source, the number of children receiving the school lunches has decreased by 15%. The number receiving school breakfasts has decreased by 20%. Additional information about the characteristics of the children participating and not participating in these programs must be acquired in order to assess the short and long term effects of these changes.

Informal communication with school administrators suggests that more students are either not eating lunch or bringing lunch from home. It is believed that this is partially attributable to the increased cost of school lunches. Non-subsidized lunches have increased from 75¢ to 90¢-95¢; subsidized lunches from 20¢ to 40¢. The cost of milk has also risen from 15¢ to 25¢ per day. And, as food and storage costs rise, school districts are finding it more difficult to offer school meals.

It is impossible to know at this time if, and to what extent, the nutritional needs of low income children have been affected by these budget reductions. The situation warrants continuous monitoring.

HEALTH CARE

Programs and Services: Two federal programs provide health and nutrition care for children and mothers in low income families: The Women, Infants and Children Nutrition Program (WIC) and the Maternal and Child Health Program. The WIC program was not affected by recent federal budget cuts. In fact, Minnesota should receive $19 million dollars in FFY 1983, up from $16 million in FFY 1981.

The Maternal and Child Health Program, on the other hand, was one of several programs included in one of the federal health block grants created by the Reagan Administration. In Minnesota, the entire block grant of which this program is a component was reduced by approximately $1.5 million between FFY 1981 and FFY 1982 (from $7.497 million to $6.002 million). The Maternal and Child Health Program, like the others in this block grant, was reduced on a pro rata basis in accordance with the recommendations of Minnesota's Community Health Services and Maternal and Child Health Advisory Committees.

Profiles of Affected Recipients: According to the Minnesota Department of Health, approximately 43,000 WIC participants received vouchers for high nutrition food and food supplements in the state in September, 1982. Information about the number of participants in the Maternal and Child Health Program which provides services to eligible pregnant, postpartum and breastfeeding women and children up to age five years, is not readily available, however.

It is not known whether the number of participants in either of these two programs increased or decreased during the recent economic recession and in the aftermath of federal budget reductions. Department of Health staff, however, expect that the number of low income mothers and children needing health care will increase as the economic recession continues. This forecast has prompted discussion about the need to establish funding priorities for the programs in the Maternal and Child Health Block Grant.

SOCIAL SERVICES

Programs and Services: As reported in the previous chapter on Low Income Families with Children, county reductions in social service allocations for day care have been substantial in some counties. The reader might review the contents of that chapter as well as the publication entitled, Reductions, Efficiencies and Innovations in Minnesota Counties: 1981-1982 published by the Office of Human Resources Planning in February, 1983 for more information.

Foster care services for children provided through county welfare departments in Minnesota have also undergone substantial change during the last two years. For reasons related to both improved service delivery and budget constraints, many counties in the state have modified their foster care delivery systems to incorporate alternatives to out of home placement and to increase the financial participation of families with children in need of these services. Several counties in the state now use multidiscipline placement screening committees to assess the needs of children. In addition, counties report placing increased emphasis on providing services to the child and his/her family in the home setting. Placements that do occur are now more likely to make use of facilities within or near the child's county of residence and be of shorter duration than in years past.

Budget reductions for foster care services have not occurred, however. In fact, for the last few years there has been a slight increase in federal dollars available. The Minnesota Department of Public Welfare also reports an increase in both state and county funds that are used for this purpose. The program changes reported above, however, have certainly curtailed the rate of increase in expenditures for the services.

Historically, the cost of foster care maintenance and the increasing number of children have prompted legislative action at both the federal and state levels. Public Law 96-272, the Adoption Assistance Child Welfare Act, became effective in 1980. This act provides funds for adoption subsidies for hard to adopt children, and requires specific procedures within each state to assure that children do not "drift" in the foster care system. Procedures mandated include a tracking system for all children in placement, an administrative review panel and judicial review within 18 months of placement. This federal action followed Minnesota legislation in 1978 which appropriated funds for subsidized adoptions and similarly encouraged placement review panels and the use of in-home services.

Because Minnesota's statewide tracking system for children, the Community Service Information System (CSIS), has only recently been implemented, a profile of children receiving the range of child welfare services is not yet available. Nor is data that will provide for an assessment of the impact of recent program changes. In addition, this reporting system will focus only on children for which public social service funds are spent. Children whose services are paid for with private dollars will go undetected. Similarly, the system excludes children who receive services through Minnesota's Department of Corrections.

EDUCATION

Programs and Services: Federal education dollars have been reduced for both elementary school age and college bound students. Aid to the Disadvantaged, Title I under the Federal Education Act, was reduced from $41.8 million in 1980 to $37.3 million in 1982. These funds are used in Minnesota to provide assistance to children in elementary schools needing assistance in math and reading.

In higher education, federal changes have been made which restrict the eligibility of students to obtain guaranteed student loans. According to the new guidelines, only students from families with incomes of $30,000 or less, and those who can prove financial need, are eligible.

Profile of Affected Children: According to the Minnesota Department of Education, about 50,000 children will receive assistance in math and reading in school year 1982-1983. This is more than 20,000 fewer than the 1980-1981 school year. This decrease is attributable to both

the reduction in the federal Title I allocation and the demographic decrease in the number of elementary school children in Minnesota. Meanwhile, the economic recession will most likely bring more children into the "disadvantaged" classification. And, because Minnesota does not have a state program comparable to the federal Title I program, reductions in federal dollars will result in services to fewer disadvantaged students.

Minnesota's Higher Education Coordinating Board reports that the number of students receiving Guaranteed Student Loans decreased from 107,414 in FFY 1981 to 84,888 in FFY 1982. This is a decrease of 21. Because of current economic conditions, however, the number of eligible students may increase and more loans may be awarded. Thus, it is possible that the effect of the changes in the eligibility criteria for guaranteed student loans may be minimal.

COMMENTARY

The long range effects of the changes in programs which impact children must be evaluated in the months anead. Specifically:

1. Will the health and school performance of children be affected by reduced participation in the school lunch and breakfast programs?

2. Will the health of children be affected by the lack of Medical Assistance or private health insurance coverage?

3. If AFDC children cannot work and save for higher education expenses because of AFDC eligibility rules, will higher education options be available to them?

4. Are programs which provide treatment for children in their own homes as effective as placements out of the home?

5. If Title I funds are not available to meet disadvantaged elementary students' needs in math and reading, will these students be properly prepared for their futures in a high technology society?

PREPARED STATEMENT OF LEONARD W. LEVINE, COMMISSIONER, DEPARTMENT OF PUBLIC WELFARE, STATE OF MINNESOTA

I am pleased at the interest shown by the committee in what is happening to America's children. They are, indeed, our most important resource and our future as a Nation is very much dependent on how well we meet their needs today. I am also pleased that you chose to come to Minnesota for a hearing and for the opportunity to let you know something of what we are doing that we feel pretty good about, as well as speak to you about some of the issues or problems that need to be addressed if we are to be truly helpful to the families and children in need of social services.

The theme of the recent National Governors' Conference states the issue well, "America's Children—Powerless and in Need of Powerful Friends." Children are, indeed, powerless as they do not vote and they do not lobby. I would like to think that this committee will be a powerful friend to America's children and that your efforts will provide the foundation for better meeting the needs of America's children. Certainly, congressional enactment of Public Law 96-272, the Foster Care and Adoption Assistance Act, is a fine example of Congress being a strong friend to children. Congress is to be commended for this landmark legislation which does much by way of providing a structure and safeguards to mitigate against families being needlessly broken up and children languishing in foster care.

It is with some satisfaction that I can report that, in 1979, the Minnesota Legislature enacted legislation making drastic changes in our laws relating to foster care. Many of these changes seem to have anticipated Public Law 96-272 in their requirements for placement plans, reviews, and help to families to effect an early return of children who needed to be separated from their families. We believe we are beginning to see the results of this legislation, especially in the area of reducing the length of time children remain in care where we are seeing a dramatic drop in the average stay in foster care. We have gone from an average stay of 54 months in 1976 to an average stay of 17 months in 1981. Minnesota also enacted a subsidized adoption program for hard-to-place children prior to Public Law 96-272; however, the impetus provided subsidized adoptions by Public Law 96-272 has enabled us to secure adoptive homes for many more hard-to-place children.

But in spite of some documented success, our experience also leads us to the firm conviction that securing permanency for children cannot just rest on an early return home from foster care or adoption. Securing permanency for children must be viewed on a continuum.

The first step in that continuum is to assure conditions that serve to keep families strong and able to meet the needs of their children so that they do not need to enter this social service system. The efforts directed at this first level would be primary prevention and directed to the community as a whole. I would include in this area such things as full employment, adequate housing available, health care, and family life education or information on child development. The responsibility of the public social service system in this area is minimal and unclear, but we do see in our system the results of failures in this step of the continuum.

The second step in the continuum has to do with providing services to families experiencing difficulties in order to prevent family breakup and children placed in foster care. Addressing the needs of the families and children who fall into this group is probably the weakest link in the continuum. Public Law 96-272 does provide some foundation and some promise for beefing up services to strengthen the family and make the child's own home a safe and nurturing place to remain; however, if these promises are not to be empty, it is crucial that Congress fully fund title IV-B at the amount authorized by Public Law 96-272. To simply avoid placing children without providing the necessary supports and services to make the child's home safe, secure, and conducive to healthy maturation is not being, "—A Powerful Friend to America's Children."

The kinds of things that need to be more readily available for there to be a more judicious use of foster care are many. There needs to be training available for professionals and paraprofessionals to insure the necessary skills and knowledge to help families develop the abilities to resolve the problems that bring them to our attention. There needs to be greater availability of staff available at all hours to move into a crisis situation to avoid the need for immediate removal of children. And, there needs to be an array of supportive services such as those provided by family aides who can spend time with the family providing both assistance and modeling acceptable behavior in relation to caring for children.

We have, in Minnesota, developed some structure for reviewing requests for foster care, keep children out who can be served in their own home and we have made

some modest efforts to strengthen our services to intact families. In fact, we are excited about some of what we have been able to accomplish that holds promise of maintaining children in their own homes. We also have some preliminary data that suggests when we are able to do so it is not only effective in human terms, but cost effective as well. But, the fact remains, if the most laudable goals for pre-placement preventative services envisioned in Public Law 96-272 are to be realized, full funding authorized must be appropriated.

The last point on the continuum I wish to speak to is that of services designed to reunify families or adoption to prevent continued drift in foster care. Our Minnesota statutes and Public Law 96-272 in their requirements for placement plans, goals, parental involvement, administrative reviews, and periodic involvement of the courts provide the safeguards to prevent children "drifting in foster care." But all the reviews and all the tracking of a child in care will not make the child's home a safe nurturing home. The kinds of services and strategies needed are very much the same as those I have already discussed as necessary to prevent placements in the first place. Again, the powerful friend children need is one who will see to it that resources are provided to insure the availability of these services.

In summary then, the continuum I have addressed includes the primary prevention conditions, services to insure a judicious use of removing children from their parents and placement in foster care, and services to insure that those who must be placed do not remain adrift in foster care.

I would like to close my remarks by making several specific recommendations, recommendations that I hope you, as the powerful friend of America's children, will give very serious consideration.

My first recommendation will come as no surprise and that is that title IV-B be funded at the $166,000,000 authorized by Public Law 96-272. I believe this full funding is critical to achieving the very laudable objectives of Public Law 96-272.

My second recommendation is that IV-E eligibility for Federal participation for subsidized adoptions be removed. The only criteria should be that a child is in need of an adoptive home and meets the definition of a hard-to-place child.

And my third recommendation, is that IV-E reimbursement continue to be available for children voluntarily placed in foster care beyond the scheduled cutoff of October 1, 1983.

PREPARED STATEMENT BY ROSALIE H. NOREM, PH.D., DEPARTMENT OF FAMILY ENVIRONMENT, IOWA STATE UNIVERSITY

In assessing needs and planning projects and programs related to preventive and crisis intervention, a primary goal is to identify at-risk populations which could benefit from such intervention. Families are at-risk for many reasons in our society today.

Middle years families are a high risk because of responsibilities for both children and aging parents, demands of dual careers as women continue to enter the labor force, the possibility of declining health, increased demands of family financial resources and crisis events such as divorce and death. In addition, high rates of unemployment in many areas of the country have placed an additional emotional, relational and financial strain on many families. Persons who have worked for many years and anticipated security during their middle years are being faced with the need to find new job possibilities, and with the reality that life-long goals may need to be re-evaluated.

Young families are faced with problems establishing their households, both financially and emotionally. Old patterns and expectations may seem unrealistic when viewing the circumstances of parents' families as discussed above. Persons with high levels of education are finding themselves faced with the reality of not being able to find jobs in their fields after years of preparation. Persons with less education are finding doors closed to them which would have traditionally been open. There are needs for improved child care alternatives for many young families and needs for better health and development screening programs to identify and respond to problems before a crisis situation develops.

The ability of families to adjust to situations such as those described above involves the management of family stability and anxiety, and the development of improved coping skills in many instances. This means the availability of crisis intervention programs to help families reestablish functional coping when it is breaking down is essential. It also means that in many instances, preventive programs to help families develop new skills may prevent the breakdown of existing patterns and avoid the crisis situation.

In assessing the needs of children, youth and families, an integrated focus using primary intervention, skill development early in a problem stage, and crisis intervention when necessary will allow a more comprehensive response to the needs of families at all stages of the life cycle.

In order to respond adequately to the task of assessing the needs of children and families, and to the task of designing preventive, remedial and crisis intervention programs, an interdisciplinary focus is essential. It is important to focus on the pragmatic issues families are facing as well as the emotional and relational toll stress can take. Because departments such as ours have expertise and experience in bringing an interdisciplinary and applied approach to working with the problems and concerns of families, we are pleased to have the opportunity to make an input to the deliberations of your committee, and are encouraged that you have recognized the importance of focusing on the critical issues facing the families in our society.

PREPARED STATEMENT OF MARY WINTER, PROFESSOR, IOWA STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY, AMES, IOWA

The attainment of economic security by families is many-faceted. It is a combination of sufficient income to insure that there is some money left after the family's needs for food, clothing and shelter have been met, coupled with family consensus and communication about consumption, and sound decision-making about the use of savings, investments, and credit.

The field of home economics is in a unique position to address economic issues related to family economic security through research and education. It is the only field that focuses on the family as a whole, rather than on individuals within that family. Research is conducted on family financial management with emphasis on decisionmaking and communication processes necessary for there to be effective financial management. Financial management education based on such research can aid families in reaching consensus about the purchase of insurance, retirement planning, savings and investment planning, and estate planning.

Further, areas of home economics that focus on consumer education regarding the purchase and use of food, clothing, and shelter provide the subject matter needed to assist families in managing consumption so that there will be more funds available for investing in financial security. Without some money remaining after consumption needs are met, financial security is, at best, shaky.

CAMP FIRE,
Minneapolis, Minn., October 7, 1983.

To: Members of the House Select Committee on Children, Youth and Families.
From: Karen M. Michael, President, Minneapolis Council of Camp Fire. Diane Skomars Magrath, Executive Director. Jane Hanger Seeley, Executive Director.
Re: Our Concerns for Your Consideration.

We speak personally and out of the responsibility we hold in the roles of President of the Board of Directors of Minneapolis Council of Camp Fire and the joint Executive Director for the Minneapolis Council of Camp Fire, which has as a main responsibility to advocate for youth and ". . . to seek to improve those conditions in society which affect youth."

We ask that you consider the following needs:

(1) During the past decade there has been an upsurge nationally in the number of working parents in both single parent and two parent homes, with a concurrent upsurge in the number of pre-school and school-age children in need of accessible, affordable, quality care; therefore, we urge you to provide proper levels of funding for child care programs and that standards be incorporated which assure high quality, diversified programs that meet community needs.

We also urge that some federal funds be made available to youth serving agencies such as Camp Fire, Inc., so that supplemental programs which help children feel more safe and secure when they must be or their own can be provided to those not able to afford the cost of such necessary programs.

(2) Since the sixties, America has been working harder towards its goal of providing equity between the sexes. As an organization which serves both boys and girls and strives to provide non-sexist programming, we urge your consideration in the following:

(a) that stronger efforts be made to support equal opportunities in sports for boys and girls;

(b) that stronger efforts be made to support programs that give skills to both sexes in parenting, home care and repair and car mechanics;

(c) that stronger efforts be made to provide non-sexist counseling in career choices;

(d) that stronger efforts be made to provide youth with opportunities to work in jobs which do not discriminate in terms of pay, race, religion, national origin or sex;

(e) that the impact of the draft on our youth be fair to both sexes and that the threat of nuclear holocaust be removed as the biggest fear of their future; and

(f) that the allocation of national funds and the setting of our public policy reflect more than just lip service concern about the future of our youth in terms of meeting their basic needs of social, health and work.

ROSEVILLE AREA SCHOOLS, DISTRICT 623,
FAIRVIEW COMMUNITY SCHOOL CENTER,
Roseville, Minn., October 5, 1983.

HOUSE SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES,
House Office Building, Annex 2,
Washington, D.C.

MEMBERS OF THE COMMITTEE: We are writing in response to your requests for written testimony regarding the needs of children, youth and families in the United States. We are the Community Chemical Health Advisory Council of the Roseville Area School District 623 in Minnesota. The twenty nine members of our Council represent parents, students, community organizations, school staff and citizens from seven suburban St. Paul communities. We work with the community and school health and chemical awareness programs.

A concern we have and wish to express for you is our felt need for federal financial support for specific staff to be employed in public schools who are knowledgeable in the disease process of chemical (alcohol and drug) dependency and who are also knowledgeable in the treatment resources available within a community. We would recommend that laws be made which will mandate, throughout the country, a minimal number of employees to serve this purpose and financial funding to insure that these positions are created, filled and reimbursed.

We also would like to recommend that laws be written which protect individuals who intervene in the disease process of a chemical (alcohol and drug) dependent person and facilitate movement of that individual into a treatment program. Helping individuals may be employers, fellow employees, subordinates, school officials, teachers, or other concerned and involved individuals. The specific protection that we are recommending would be professional immunity. It does not seem appropriate that caring individuals who risk helping someone could eventually be found liable (for information) in a lawsuit. It would be our recommendation that laws be facilitated to prevent the possibility of litigation.

Thank you for your serious consideration of these matters.

Sincerely,

JUDITH HAZEN,
Chair, Community Chemical Health Council.
MICHELLE BJORKQUIST,
Community Health Education Coordinator.

PREPARED STATEMENT OF ADRIENNE AHLGREN HAEUSER, ASSOCIATE PROFESSOR AND DIRECTOR REGION V RESOURCE CENTER ON CHILDREN AND YOUTH SERVICES, THE UNIVERSITY OF WISCONSIN, MILWAUKEE, SCHOOL OF SOCIAL WELFARE, MILWAUKEE, WIS.

The Regional Resource Centers on Children and Youth Services are federally funded projects designed to provide training, technical assistance, and information resources to public and private agencies, self-help and parent groups serving children and families. In particular, the Centers work closely with State agencies to define individual states' needs and to facilitate implementation of programs to meet these needs. The School of Social Welfare at the University of Wisconsin-Milwaukee is the site of the Region V Resource Center on Children and Youth Services serving Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

The Region V Resource Center has a long history of addressing the needs of children and families in this Region. From 1979-1982 the Center served as the Region V Child Abuse and Neglect Resource Center and previous to that, from 1975-1978, as

the Midwest Parent-Child Welfare Resource Center. The constituencies of the Resource Center think that we have a very unique vantage point from which to view services to children and families both over time and across six states. We would like to share some of our views with you.

ECONOMIC SECURITY

The Midwest states have been faced with high unemployment rates over a prolonged period of time. Families in this circumstance are faced not only with financial stresses but also with accompanying stress of hopelessness, helplessness, and low self-esteem. In addition, these attitudes are often conveyed to children leading to further stress. Unemployment rates in many parts of the Midwest have reached 20 percent. In Flint and Pontiac, Michigan, the rate has reached 26 percent. These figures imply that there are many families in need of concrete economic services as well as supportive services.

Social service agencies are feeling this pressure to expand services at a time when budget cutbacks often mean that resources are being reduced or eliminated. In response to this situation many agencies have increased their use of volunteers and paraprofessionals to augment professional services. One thing the Resource Center has done to assist agencies to better utilize volunteers was to compile and disseminate a packet of information regarding volunteers. This packet was designed to help agencies understand, appreciate, and utilize volunteers. In addition, faculty and staff have taught workshops on the effective use of volunteers in direct services.

The Resource Center's response this past year to the plight of community level programs was to offer mini-grants ranging in size from $500 to $2000. The purpose of the grants was to offer professional and alternative (i.e. self-help and parent groups) services in local communities the opportunity to strengthen the continuum of services for children and youth by:

1. Developing a needed service, and/or
2. Creating or strengthening linkages between professional and alternative services.

The response to this request for proposals presented was enormous and confirmed our reading of the plight of Region V. While most of the 404 proposals for this admittedly minimal money came from small community agencies, self-help groups and parent organizations, many also came from county and even state level public agencies. Most proposals dealt with the issues of child abuse and neglect, adoption, foster care, and youth. However, a number addressed issues clearly outside our scope of service, including requests for funds for athletic programs and libraries. The effort to prepare and submit a proposal which is clearly outside our scope of services indicates a desperation for funds.

Nearly all of the 404 proposals worthwhile plans to improve services. The Resource Center was only able to fund 20 of these, but the staff was able to provide assistance to many of the deserving others. Often this meant suggesting alternative sources of funding and linking agencies with others in the Region providing similar services.

In addition to technical assistance, linkages and direct funding provided to programs, the Information Center component of the Resource Center has been able to meet the Region's need for access to print and audiovisual resources to assist in program development and improvement. During the past year, the Resource Center has loaned 2124 print titles and 149 audiovisual items from its library. It has also disseminated 49,486 copies of free or inexpensive materials produced by the Resource Center and 15,884 copies of federal publications.

During this time of economic depression in Region V, most social service agencies need assistance in finding cost-effective and efficient ways to provide services. The Resource Center is able to provide the technical assistance and training needed to help agencies perform their mandated tasks. For instance, this year the Resource Center assisted the Indiana Department of Public Welfare and the Indiana University School of Social Work in producing a training instrument on Family-Based Pre-Placement Preventive Services. However, the year beginning September 1, 1983 through August 31, 1984 may be the last year in which the Regional Resource Centers will receive federal funds. Locating state or private funding is unlikely in view of the Region's economic plight. The federal government should seriously consider the value of information sharing across and within states.

CRISIS INTERVENTION

Economic depression and unemployment carry with them a need for increased crisis intervention in many areas. Family problems are multiplying according to the

needs confirmed in the mini-grant proposals. For example, the proposal from the Detroit Mayor's Task Force on Child Abuse and Neglect stated that cases of child abuse and neglect have increased at an alarming rate in Wayne County; reports for the first six months of 1982 surpassed 1981 totals by 20 percent. The Central Center for Family Resources in Spring Lake Park, Minnesota, reported that of the 125 families in their active caseload, 33 percent are unemployed and 40 percent had issues of family violence, incest, and sexual abuse. Briarpatch, Inc., a youth serving agency in Madison, Wisconsin, reports that walk-ins to their agency increased by 47 percent in 1982 and the problems presented by adolescents were more severe.

The increase in crisis intervention needs means that workers are overburdened by large caseloads. This prevents them from providing the kind of in-depth intensive services often needed to keep families together. In a proposal from the Family Health Research, Education and Service Institute of Alma, Michigan, it is pointed out that over the last seven years in Michigan reports of child abuse and neglect have increased 70 percent. At the same time the number of protective service workers in the state has decreased by 11 percent. "So the circle is complete," commented the Institute. "Less employment, more abuse and fewer front line workers to counteract the abuse." The decrease in the number of workers is also coupled with a decrease in funds to train new workers and to upgrade the skills of existing staff. While no substitute for "hands on" training, many of the materials disseminated by the Resource Center focus on skill development.

Services to youth have been particularly hard hit by budget cuts. Services which used to be provided by schools have been eliminated or reduced. Among the first staff positions to be cut in most school districts are social workers, psychologists, and counselors and with these cuts go to the alcohol and drug abuse programs and the services to teenage parents.

The Resource Center awarded a mini-grant to an Illinois agency seeking to provide shelter care to youth in need of temporary homes. The Sinnissippi Mental Health Center along with the Carroll County, Illinois Probation Department are undertaking to establish six to eight emergency shelter homes for youth requiring authoritative intervention. This program is in response to a new law in Illinois which provides for minor youth who engage in non-criminal misbehavior to be taken into limited custody by law enforcement officers and provided with crisis intervention services through local social service agencies. The emergency shelter homes will provide a safe, "limited custody" environment in which to establish a crisis intervention service plan.

Another crisis intervention program funded by the Resource Center is Tele-Friend of Detroit East, Inc. Using trained young adult volunteers to provide information and support, a phone service is being provided from 3:00 p.m. to 6:00 p.m. daily for latchkey and homebound children. Children may use the hotline either for emergencies or to receive a daily reassurance call.

These crisis intervention programs, initiated at the community level and funded through the Region V Resource Center, are examples of programs which should be disseminated. The Resource Center will facilitate appropriate replication in other parts of the Region.

The Resource Center has been actively involved in initiating other crisis intervention programs. The Center Director was responsible for starting the first Parent Anonymous chapter in Wisconsin. There are now 26 chapters in Wisconsin alone. The Center was instrumental in promoting the development of approximately 150 more chapters in Illinois, Indiana, Michigan, Minnesota, and Ohio. Two years ago the Center funded 16 community level programs which promoted improvements in the prevention and treatment of child sexual abuse in Region V. Sharing of innovative programs and resources across and within states will be unlikely to occur without Resource Center funding.

PREVENTION

While much of the nation is experiencing an economic recovery, the predictions are that the Midwest will have high unemployment rates for a long time to come. As long as social service resources are needed to provide crisis intervention for families in stress, prevention services will take a back seat. The Resource Center has therefore taken a special interest in prevention and has assisted and funded numerous prevention programs.

In the area of child welfare, the Center funded a mini-grant aimed at keeping families together through the community's awareness of the philosophy and practice of home-based, family-centered services. In addition the grantee agency's staff

received training and technical assistance to strengthen a newly created in-home services program.

Recognizing the contributions of adoptive parent groups in furthering the goal of "a family for every child," the Resource Center has funded projects that demonstrate increased cooperation between adoption agencies and adoptive parent groups. OURS of East Central Illinois plans to develop a model whereby adoptive parents can conduct homestudies of potential adoptive families, thus facilitating the adoption process. The Illinois Council on Adoptable Children hopes that, through a series of pre-orientation meetings, improved cooperative efforts between parent groups and professional agencies will result. Their ultimate goal is improved preparation of families for special needs children.

In Wisconsin, the Milwaukee County Department of Social Services was funded to implement a unique plan for recruiting foster parents for special needs children. The plan calls for a partnership between workers and existing foster parents in the county. Staff of the Department report that several other counties, eager to replicate this low-cost program, have approached the Department for more information. They report having read about the project in the Resource Center's quarterly newsletter, the Midwest Parent-Child Review.

By way of summary we would point out that the biggest problem facing the Midwest is the large number of families living in poverty. This will probably continue for a long time to come. Families will continue to need material resources for their survival. They will continue to need a high level of crisis intervention and supportive social services. Lastly, we must be careful that we do not fall behind in providing the preventive services that should be a high priority.

The network of ten Regional Resource Centers constitutes an impressive national force in improving service delivery, meeting unique state needs, and in guiding voluntary agencies/groups in dealing with the problems of adoption, foster care and permanency planning, child abuse and neglect, and troubled youth. Information, training, and technology shared within and across regional networks can be passed along to enhance local agencies in serving children and families. Continued funding from the federal government for all ten Regional Resource Centers will be necessary to carry out these tasks.

PREPARED STATEMENT OF INDIANA FEDERATION ON CHILDREN AND YOUTH, INDIANAPOLIS, IND.

The Indiana Federation on Children and Youth appreciates the invitation to present testimony on behalf of the children and youth of Indiana. The Federation is a non-profit organization focused on inter-discipline information exchange in areas of children and youth, the collection and collation of Indiana children and youth statistics, support for agencies or organizations addressing children's needs and public education. This past two years we have served approximately 80 organizations or agencies concerned with the children and youth of Indiana.

The testimony presented here is taken from the results of the 1982 and 1983 Child Watch Projects in Indiana. Child Watch is a public education project which collects soft data to determine the effects of budget cuts and levels of needs for children's services. Materials for Child Watch were prepared by the National Association of Junior Leagues and Children's Defense Fund, a national public charity with 13 years experience on a wide range of children's issues. Over 100 Child Watch projects have been conducted nationally.

Projects in Indiana were coordinated by the Federation cooperation with 22 Indiana civic organizations in four cities. 150 Interviews were held with Indiana children and youth public and private providers as well as parents. Interviews centered on services in areas of child health, child welfare and child care.

For the final Child Watch Report, the soft data from interviews was supplemented with hard data from the State Board of Health, Department of Public Welfare and the Indiana Family Health Council. For purposes of this testimony data has also been added from the Indiana Juvenile Service Study, May, 1983.

Although Child Watch is not a research or statistical data project, the information combined with existing state statistics has provided a broad picture of children's needs in Indiana, especially in areas of health and welfare.

CHILD HEALTH

State-wide infant mortality rate in Indiana has been reduced from 11.7 percent/m in 1981 to 11.3 percent/m in 1982. However, infant mortality in large cities such as Indianapolis has risen from 11.87 percent/m in 1977 to 14.83 percent/m in 1981.

Low birth rates in Indiana have continued to rise since 1978 from 59.5 percent/m to 63/0 percent/m in 1982. This last statistic is of great concern to officials who indicate that "while we are reducing slightly the infant mortality rate, the increase in low birth rates means we are doing this at greater costs . . . we are doing it the hard way".

Proper prenatal care is not obtainable for some low income mothers in 40 of Indiana's 92 counties. Basic preventive child health care as recommended by the Academy of Pediatrics is unavailable to some low income children in about 40 counties. Five counties have no Public Health Nurse to provide assistance which often decreases stress, but most of all can make the difference between choosing "home care" and expensive hospital or home nursing care.

The number of counties without WIC has been reduced from 45 in 1981 to 25 in 1982. Of those adults eligible for WIC in Indiana 78 percent adults are not served and 82 percent children are not served.

Health officials cautioned us to keep in mind that in about 20 of the counties the network of health services that does exist is very fragile and exists only with a tremendous amount of energy to keep things going. What is available today is often not there tomorrow.

To quote one interviewee, families who need public health services in Indiana are faced with a merry-go-round of government agencies and centers. They face long wait lists in many instances, county and state-wide. According to another interviewee, in the urban areas, there are few local doctors who will take indigent referrals and that number has been reduced state-wide since the state initiated the requirement of advance paperwork. This creates a special problem in transportation as it is impossible to predict when a child will become ill. Little or no care is available for dental work or in-home care.

Most of the public health agencies serving those families have had budgets cut and staff reduced ranging from 10 percent to 40 percent. A few services have been cut totally. Opportunities to practice preventive medical care has been seriously curtailed. As one interviewee put it, "we are operating on a bare bones budget."

Those interviewees providing direct health services indicated they have seen an increase in malnutrition, poor personal hygiene, anemia, infections and sexual diseases. It is common to see a family delay seeking medical help until a situation is serious. Some have seen an increase in children without proper immunization.

The 1982 interviewee talked of the "medically indigent." Health professionals indicated this group are parents, often working, who are able to meet basic needs of their families, however there is not sufficient income for health care. They include single parent households and families whose benefits have ceased in connection with extended unemployment in the state. Also included in the medically indigent are the "new to poverty" who have difficulty handling the problems and understanding the system.

For the low-income adolescent who is pregnant or has already given birth, the lack of health care can be especially devastating. The number of adolescent births in Indiana has declined from 16.0 percent in 1981 to 15.2 percent in 1982. The age of teens deciding to keep babies is getting younger. They have fewer and fewer resources and fewer are returning to school. National data tells us the adolescent mother often lacks marketable skills and is 1.8 times more likely to be poor all her life. The suicide rate among these girls is 10 times higher. Maternal death rate during birth is 60 percent higher. Infant mortality rate with teen mothers is 2 to 3 times higher and chances of premature birth and/or low birth weight is 50 percent higher.

We have no reason to believe Indiana teen mothers deviate from the national norms, however the inadequacy of health and support services described in this testimony makes their situation acute. Lack of these services can and does lead to child abuse and neglect problems and long term health and employment problems. Setting human cost aside, increased cost to the taxpayer in the long run is much higher than providing "preventative" services to adolescent parents while their babies are young.

CHILD WELFARE

In 1982 and 1983, Child Watch interviews had a major focus and child abuse and neglect. State statistics indicate that fatalities in the area of child abuse have increased by 48 percent from 1980 to 1983, almost doubling death from child abuse. Child abuse reports have increased from 21,929 in 1982 to 25,757 in 1983. A few communities indicate abuse is equal with neglect cases which deviates from the pattern that has and does exist statewide: neglect cases are almost double those of abuse.

Interviewees in the hospital settings reported an average of 114 percent increase in abuse caseloads from 1981 to 1982.

We were cautioned to be leary of statistics. Public officials as well as private providers suggest that paper work involved has curtailed ability to report all calls and what are actually reported are only serious cases. Increased demands with less staff have limited ability of personnel to collect data and monitor at-risk and failure-to-thrive situations. Follow-up procedures are less strict.

In 1982 reductions in staff and state hiring freeze had shifted heaviest caseloads to the counties where there were fewer qualified personnel. The hiring freeze was lifted in 1983 and this has allowed for hiring of more qualified personnel who are more available due to the unemployment situation.

In 1982, interviews relevant to impact on child abuse services, all interviewees indicated budget cuts had reduced staff size and availability of training monies. This situation was compounded by the loss of all staff for the state offices of the Indiana Chapter of the National Committee for Prevention of Child Abuse and Parents Anonymous. Although these organizations did continue to exist, they were limited in their ability to function. In Indianapolis, a major referral source for child abuse prevention, the Parent/Child Development Center, closed its doors in the spring of 1981. In Fort Wayne a similar pilot program has failed to develop due to lack of funds. Although only this last example was a direct result of budget cuts, a clear picture was given of decreasing budgets in both the public and private sector.

Further, most interviewees in 1982 who provided a direct service indicated an increase in foster care placement, both voluntary and involuntary, due to increased stress within the home. It was indicated by one interviewee that some judges are becoming more hesitant in requiring foster care placement due to the increasing budget limitations in this area. All were seeing an increase in the number of families without basic needs such as food, clothing and shelter. Transportation is also a problem: services such as counseling, medical care and financial assistance cannot be provided if families cannot travel. Advance forms for transportation for health services presents a difficult and sometimes impossible situation. In addition, some interviewees in 1982 indicated they were seeing middle class families with problems as described above.

The year 1983 has brought some relief with the monies from Public Law 96-272. Some local services have developed and a long term training program has been developed. Private providers still continue to have difficulty in funding, especially for training. It appears that needs of all programs cannot be met by foundations or the corporate sector at this time. Such a situation has resulted in the closing of offices for the Marion County Council on Child Abuse and Neglect in Indianapolis.

Indianapolis has also seen the opening of a child abuse referral, prevention and shelter facility in the Family Support Center. Heavily funded from private sources and well supported by volunteers and many civic organizations, it provides a critical service for eight counties.

In spite of these strides, child abuse continues to rise. Mental attitudes of those being served as well as those serving seemed almost equal in the depth of their concern and their sense of being overwhelmed. The data paints a picture of an increasing number of families that need help due to the economy and a reduction in the ability of the public and private sector to meet the needs. Clearly, prevention has been curtailed severely. This is of special concern to child abuse professionals as this limits their ability to use the recent strides that have been made in learning how to effectively prevent and treat child abuse. Much of recent research indicates that child abusers can be treated more effectively in the private setting. The information collected in the interview leads to a question as to where the limited funds would be most effective.

CHILD CARE

In Indiana, child care regulations have had only one significant change: the maximum age for Title XX child care was reduced from 12 years to 10 years. Title XX funds have been reduced on an average of 7 percent. Child care food funds have been decreased up to 10 percent due to change in requirements. Over the past 3 years, licensing supervision staff has been cut almost in half.

Based on the interviews, it appears that families needing child care in Indiana find dramatic degrees of availability depending on the family's income. Those in middle and above income in most cases seem to have adequate child care resources. There has been a surge of private and corporate sector day care development in the last two years which has contributed to the selection of day care for those employed and of middle or upper income. Those of low income or unemployed find a vast dif-

ference. Those on welfare have been dropped. If one of these mothers become severely ill, assistance for child care is now unavailable. Further, the eligibility for children on welfare who have needs that require child care have become more stringent and fewer children are now referred. In some cities such as South Bend, those who are still eligible for assistance face long waiting lists—some as large as 50 families. Those who are no longer eligible for assistance are dropped from the center. This seems to vary in centers and while most have not dropped families, one interviewee indicated 20 children had been dropped from one center.

The interviews in Indianapolis indicated that the situation is very different there. Centers serving low income families seem to have been able to continue to serve most families. Interviewees indicated that the number of children dropped was not as large as expected, but that those that were dropped were affected seriously and radically. There are no known wait lists or vacancies created by federal budget changes. It was strongly emphasized, however, by every interviewee that the present situation is a border-line existence and further reductions would change the situation. Also, it was emphasized that availability of low-cost quality child care varies in the city and there is still a great need in some areas of the community.

Throughout the state those families who are no longer eligible for assistance and cannot afford other centers and those who cannot find a child care slot are faced with inadequate options. Some families make patch-work arrangements with friends or relatives. As one parent put it, "This is not the answer. Babysitters are not always dependable and I want the best for my children". This mother had no car and once the nearby child care center she used closed, she was faced with leaving children in makeshift child care or quitting her job to stay home. She chose the well-being of her children and left her job. She is now on welfare and living on reduced income.

According to the interviewees, she is not alone in making this choice. Some will leave children in the care of siblings, barely older than themselves and some leave the children unattended, even locked in the house. Others may take the children with them thus placing children in an inappropriate or a dangerous setting. And finally, some will choose foster care and employment. Some interviewees indicated they had seen increased examples of all of the above options.

Interviews indicated centers serving these families have been impacted in varying degrees. Those who serve middle and upper income do not appear to be dramatically changed. Those serving low-middle income have had budgets cut as much as 30 percent. This has reduced services, supplies and equipment. Many indicated prevention services have been eliminated. All indicated CETA employees were lost and not replaced. A few centers closed and others are unable to pick up the slack.

All those interviewed indicated a need for infant day care. Some mentioned need for odd hours care, especially second and third shift hours, care for pre-school handicapped, after school care and in-home care. Concern also was expressed by two interviewees about follow-up and monitoring procedures and the need for well publicized child care and public education on quality child care.

JUVENILE SERVICES

This past May, the Indiana Juvenile Services Study was presented to the Indiana Legislative Council. This mandated, independent study of services to children and youth in relation to the Indiana Family Law revisions of 1979 was initiated to: describe existing services, assess depth of implementation, assess additional children's needs, recommend ways to improve efficient planning and delivery of services and to improve the juvenile services system.

Among the major issues in the study were excessive commitments of youth to the Department of Corrections: In 1980 Indiana's rate per 100,000 children was 92.2 percent, the highest of the midwestern states. This has led to overcrowding, violations of juvenile code by commitment of status offenders and disproportionate penalties for juveniles who have committed crimes of different degrees of seriousness.

Also of concern are excessive numbers of children in out-of-home placements, lack of adequate probation services, lack of alternatives to secure detention, lack of adequate health services and lack of representation for children in need of services.

The Indiana Legislature is currently evaluating this study and its recommendations to determine what steps can be taken to address these concerns effectively within the limits of the state budget.

We raise these issues of Juvenile Justice/Services as there is some evidence to support a similarity between dependent and delinquent children. Although not conclusive, the research suggests that abused and neglected children, in addition to leaning towards being status offenders and delinquents, are more likely to be adult

criminals or abusing/neglecting parents. Similarities between the two groups exist in their family backgrounds and personality characteristics. While it is true that child maltreatment cannot be used as a predictor of juvenile behavior, the evidence does suggest that link.

CONCLUSIONS

The issues and concerns presented in this testimony raise some questions about policies and spending patterns. Are we being "penny-wise and pound-foolish" in our levels of funding in areas of health and nutrition? Health professionals indicate it costs approximately $15,000 to $20,000 to add one pound to a premature baby. It costs approximately $18,000 to $28,000 to meet the needs of a child handicapped with birth defects. It has been estimated that every $1 spent on proper pre-natal care and nutrition can save $3 to $5 in need for 'ater services.

Given questions raised about adolescent health, pregnancy, delinquency and child abuse, are monies effectively targeted on prevention to again save larger costs at a later date?

Are we going about meeting children's needs the "hard" way?

The answers are not in this testimony but remain for this committee and Indiana. Keep in mind children don't wait. They grow quickly. If we do not move rapidly, a child born today or tomorrow could face the same problems we talk about today.

Indiana has already begun to take steps to meet that challenge head on: The Governor has recently appointed a Children and Youth Advisory Committee to work with the state's Interdepartmental Board. In addition to the Indiana Juvenile Services Study, numerous conferences have recently provided reviews and recommendations to the Governor and the legislature on the needs of children in Indiana. Local communities as well as professionals are banding together to form Ad Hoc Committees, Task Forces or Coalitions focused on children's needs.

Some communities have moved immediately to meet a need in their community. In Bloomington, civic organizations responded to the Child Watch Project last fall by developing an Expectant Mother's program for low-income or unemployed mothers-to-be. Local OB/GYN doctors were recruited to provide free services and referrals were made by the local Matrix telephone line. To date over 150 mothers have been served and currently they serve about 20 women/month.

Perhaps these are not dramatic strides, but they represent those very important first steps. Work by the Children and Youth Select Committee, the National Governors Association, Children's Task Force, the Senate Childrens Caucus and the National Conference of State Legislatures is of enormous if not critical value in creating an environment or platform from which child advocates can bring children's problems to the spotlight. Further it can help encourage states and communities to take action on those needs. Most importantly, this committee can make recommendations and advocate solutions.

The children and youth of this country are truly the richest, most valuable resource we have. The problems of Indiana's children are rightly the problems of us all. Children are the future. As rapid changes come in governments and the economy, we must protect and keep careful watch over our children. It is in this spirit that we have launched the Federation, Child Watch and we offer this testimony.

PREPARED STATEMENT OF LEAGUE OF WOMEN VOTERS OF MINNESOTA, ST. PAUL, MINN.

The League of Women Voters of Minnesota has long supported social policy that combats poverty. This past year the Minnesota League amended its suggestions for action on our position to read: "Local Leagues should support and monitor programs to help the disadvantaged with particular emphasis on the growing numbers of poor women and children." It is the increasing needs of women and their children that the League wants to underscore to the Committee. The statistics concerning the economic status of women and their children outline a dismal picture of poverty. The Women, Public Policy and Development project at the Hubert Humphrey Institute of Public Affairs has collected startling information:

Eighty percent of the Minnesotans living in poverty are women and children.

Roughly 75 percent of the tenants in public housing units for the elderly in Minnesota are women. Nearly 70 percent of the families in public housing in Minnesota are headed by women.

A census Bureau study reports that in 1978 about two-thirds of women nationally received no child support from absent fathers.

The percentage of Minnesota mothers receiving Aid to Families with Dependent Children who are also employed has tripled in the past 25 years.

In 1982, Minnesota women earned 58.2 cents for every $1.00 men earned.

In 1981, Bureau of Labor Statistics for median income for: Married couples with both working, $29,247; couples with only the husband working, $20,325; male-headed households, $19,889; and female headed households, $10,960.

Nationally, the median income for full-time female workers with college degrees in 1980 was less than the median income for male high school dropouts.

One out of every five older women nationally is in poverty as opposed to one out of ten older men.

One-half of working women are in jobs with no pension plan, according to the National Commission on Working Women.

As mentioned at the Congressional hearing in St. Paul, at the present rate, women and children will compose almost all of the poverty population by the year 2000.

What these statistics are telling us is that present policy to aid women and children in poverty is not working. In the publication, "Women and Children: Alone and In Poverty," the authors, Diana Pearce and Harriette McAdoo, point out that the programs to overcome poverty are directed at men. Men are, for the most part, poor because of joblessness. When men have jobs they can support themselves and their families. Since women who work outside the home full-time, year-round, earn only 61¢ for every $1.00 men earn, getting a job for a woman with children is not the one and only answer to poverty. There are hundreds of thousands of women already working who are in poverty.

Occupational segregation keeps women poor. Two-thirds of all women work at low-paying, traditionally female jobs. According to the League of Women Voters of the United States, in 1981, women were: 80 percent of all clericals; 63 percent of all retail sales workers; 70 percent of all teachers; 89 percent of all health services workers; 62 percent of all service workers; and 97 percent of all registered nurses.

But were only: 4 percent of all engineers; 14 percent of all doctors; 14 percent of all lawyers; 7 percent of all workers in heavy construction; 5 percent of all workers in coal mining; 2 percent of all carpenters; and 1 percent of all truck drivers.

Women who do break into nontraditional, higher paying jobs often face sex discrimination in salaries, promotion or sexual harrassment. The State of Minnesota has addressed this inequity by negotiating the issue of comparable worth in its contract with State employees. Comparable worth provides equal pay in jobs of equal value. It is hopeful to see a state government taking this first step in the elimination of inequity in the earning power of women and men.

Child care is another economic issue. It is a requirement of women who work and an essential component of any employment or training program that can adequately address the needs of women in poverty.

Finally, the women of tomorrow, the young girls of today, need to prepare for the future. They need educational programs that will tell them to be economically self-sufficient. They need training to prepare them to do so. Presently 85 percent of the women in the U.S. can expect to support themselves and their children at some point in their lives.

It is encouraging that there is a Congressional Committee especially to look at the needs of children and families. Families are changing, their needs are changing, we need public policy changes.

PREPARED STATEMENT OF DIANE MCLINN, PRESIDENT, MINNESOTA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, ST. PAUL, MINNESOTA

I am writing on behalf of the members of the Minnesota Association for the Education of Young Children. We are a statewide association of over 900 professionals in early childhood education and related fields working together for young children and their families. MnAEYC is also an affiliate of the National Association for the Education of Young Children which represents over 38,000 early childhood professionals.

In these times of economic hardship for families with young children, MnAEYC asks the committee to support several legislative initiatives that would translate into real increases in services for children without requiring huge financial expenditures. MnAEYC supports the Children's Survival Bill proposed by the Children's De-

fense Fund. We respectfully urge the committee to support the following provisions of the bill:

1. Increased authorization for the Title XX Social Services Block Grant:

At a time when 57 percent of women with children between the ages of three and four and 46 percent of women with children younger than three are in the labor force, increased federal support for day care is desperately needed. Studies show that a majority of these women are working out of economic necessity. Two thirds of them are either sole providers for their families or have husbands who earn less than $15,000. In order to continue working and stay off of welfare, these women need affordable, high quality child care arrangements. An increase in Title XX funding would help meet this need.

2. Expansion of the Dependent Care Tax Credit:

The Economic Equity Act (H.R. 2090 and S. 888) would provide a much more realistic level of financial support to low-income working families and would help them meet expenses for dependent care. The act would benefit adults who care for young children, elderly relatives or disabled individuals by raising the scale for dependent care related expenses and by making the credit refundable for families with incomes too low to have a tax liability.

3. Expansion of Medicaid coverage to low-income pregnant women and newborn babies:

Early medical attention and intervention is crucial in preventing future medical and learning problems. It is a cost effective method of insuring the health of young children because it helps minimize the need for later remedial attention. Expansion of medicaid coverage would be especially beneficial to young single mothers who might otherwise neglect prenatal care due to the financial costs involved.

MnAEYC is well aware of the budgeting restrictions that our Congressmen must deal with. We ask for the Select Committee's support of the above-mentioned programs because we believe they would be a prudent investment of federal funds that would translate into much needed services for young children and their families.

PREPARED STATEMENT OF KATHLYN THORP, STATE COORDINATOR, WISCONSIN'S POSITIVE YOUTH DEVELOPMENT INITIATIVE

During the past month, one of the tasks that I completed was the evaluation of twenty grant proposals written by county departments of social services to address the problems and issues relating to out-of-home placements of children. The proposals read like a litany of sorrow. They spoke in detail about the horrors of child abuse and neglect, sexual abuse of children by parent-figures, teenage parents barely mature enough to care for their own needs. They described various attempts to provide intensive in-home services to treat the entire family and to maintain children within their own homes. Several themes were repeated throughout all of these proposals:

The cost of providing treatment of this nature is enormous. Most projects serve 8-15 families with a budget of over $100,000 annually.

The current "system" is not organized in such a way as to respond to the needs of these families in crisis. Most services must be subcontracted to private providers in an effort to circumvent civil service and union regulations.

The community as a whole has an enormous impact upon these families, an impact which is strongly negative. The community labels these families and limits the opportunity for any family member to feel competent, useful or needed.

The issue of high-risk families and the placement of children outside of their homes is but one small piece of the complex puzzle which your Committee seeks to understand and to impact. Every other piece of that puzzle, whether it be health, education, criminal justice or welfare, involves a similar set of themes. In general: Too many people are being hurt. Too few people are being served in the way that they need to be served. Too much money is required to reach too few people. Too little money is available to really have any impact. And the numbers keep growing on all sides; more victims, more treatment, more cost.

I suggest to the House Select Committee on Children, Youth and Families that you learn more about prevention. Prevention is not a vague and amorphous concept; prevention is a very real, very concrete and very logical response which can eventually help to break the cycle of pain felt by children, youth and families.

Prevention can be defined as "a proactive process of creating conditions which will promote the well-being of people." More concretely, it means:

(1) Focusing energy upon conditions which cause problems rather than upon symptoms of those problems. Many of the conditions which cause problems for children, youth and families can be found in the communities where those people live. Those conditions often involve labeling, negative expectations, limited access to meaningful roles, lack of basic living skills and limited involvement in decision-making. If programs could be developed which focus upon the total community, and upon the potential that exists for changing community attitudes and values, it is possible to prevent people from ever developing serious problems.

(2) Providing people with the skills necessary to create change in their own community. Most of the people who live in a community have the potential to become a positive force in that setting. They are not bad or mean people; they have simply never been made aware of the impact that community attitudes and norms can have upon people who do not "belong." Most of those people will become enthusiatically involved as volunteers, once they have been educated in the concepts and trained in the process.

(3) Reallocating existing resources. Prevention does not require vast amounts of money. In every community, there already exists an array of human, material and fiscal resources. All that is needed to tap these resources is a catalyst, a single coordinator, who can motivate, educate, train and redirect the many kinds of energy that the community can contribute.

(4) Reaching out to people as valuable resources rather than liabilities. If people are approached in a positive way and asked to become part of a movement, they respond with exciting acceptance and energy. If they are approached in such a way that they are always the "problem" or the "target population", they frequently maintain a problem posture. Prevention provides active, meaningful roles for everyone in a community, and frequently seeks out people who might otherwise be considered to be a problem. These people in particular need to experience the self-esteem that comes from contributing to the well-being of others.

(5) Begin rebuilding the natural helping networks that existed in communities. Our world has changed rapidly, and with it our families, institutions and communities have lost some of the natural helping networks that could provide a valuable safety net for people in trouble. Prevention suggests that we must trust people to do the right thing, and we must enable them to build new networks through which they can help one another.

In Wisconsin, I work with the Positive Youth Development Initiative. I consider myself fortunate to be part of a creative and successful prevention effort, and I am convinced that prevention is a very viable concept. Positive Youth Development (PYD) has reached into twenty-one (21) Wisconsin communities with a training process to help them create community-based prevention programs. We have trained over 1,200 youth and adult citizens and we have launched more than fifty (50) task forces of volunteers with the goal of changing conditions which are causing problems for youth in their community. You have heard testimony from Cheryl Peters of the Menominee Indian Reservation about the youth employment program that grew out of one such task force. Other communities have developed positive alternatives to alcohol and drug use, peer counseling and support programs, family support networks, parenting education networks and youth commissions to advise city government. There are hundreds of new opportunities in these communities because of PYD. There is a growing respect for youth and their abilities. And most importantly, there is a growing sense of responsibility for the well-being of others.

PYD functions in Wisconsin with one full-time staff position and an annual budget of less than $35,000. Training and consulting services are provided to communities by a network of professionals representing state agencies and organizations who serve youth. We have developed a model at the state level that reallocates existing resources in order to provide prevention services.

Prevention is an important idea whose time has come. If it had been recognized decades ago as a valid component of the continuum of services for children, youth and families, your Committee would not be facing such an enormous challenge today. You have the opportunity to give visibility and credibility. You have the opportunity to challenge a system of service delivery that seems to feed upon the need for more pain, more victims, more treatment and more cost. You have the opportunity to explore the full potential of this thing called PREVENTION and make room for it within the national consciousness. I urge you to consider it carefully, seriously and thoughtfully.

FAMILY SERVICE OF GREATER SAINT PAUL,
Saint Paul, Minn., October 3, 1983.

Hon. GEORGE MILLER,
House Select Committee on Children, Youth, and Families, House Annex 2, Washington, D.C.

DEAR REPRESENTATIVE MILLER: As followup to the hearing of the Select Committee in St. Paul, I have prepared this material for your consideration. Family Service of Greater Saint Paul is a private, not-for-profit, multi-service agency. We are committed to individual, family and community development through education, counseling, advocacy, and research. Programs provide a Mental Health Clinic, Alcohol & Drug Abuse counseling, Family Economics counseling, Services to Seniors, Employee Assistance, Advocacy, and Family Education.

Certainly the single, most serious issue facing families at this time is the phenomenon of violence. It appears through the families we serve in the form of child abuse, spouse abuse, rape, and incest, not to mention emotional abuse. Our experience tends to support the evidence that violence is generational, i.e., persons who were abused as children, tend to abuse their children. In addition, violence, alcohol and drug use appear to go hand in hand. Top those factors with the increased number of families hit by unemployment and/or the frustration of underemployment and the chances of violence mushroom. As economic realities have forced people to change their hopes and dreams, the resulting anger and depression have exploded inside the family.

Without going into detail regarding these phenomena, I want to share some of the ways our Agency is responding:

1. We conduct therapy/support groups for men who batter.
2. We conduct educational/support groups for women in abusive relationships.
3. We sponsor a Parents Anonymous Group for parents who have battered their children and those who fear they may batter, because of their own childhood experiences. We provide staff as sponsor, but the group itself provides the chairperson. The major dynamic for help and support is the members helping one another.
4. Connected with the Parents Anonymous Group is a group for the children of the participants, which meets simultaneously with the adult group. It is a structured activity group designed to reinforce positive behaviors and contain negative behaviors.
5. Finally, our Agency provides individual and family therapy for families where violence exists, using our multi resource programs of the Mental Health Clinic, Alcoholism & Drug Abuse Counseling Program, and Financial Counseling to approach this multi-faceted problem.

Through the above, we attempt to reach the total family, to break the patterns of violent behavior.

Government can support these efforts by providing funding for employment programs, funding to expand efforts to reduce violence, and funding to evaluate our efforts in order to assess what methods are most effective in breaking the cycle of violence.

In addition to the above approaches to changing family situations where violence exists, we have preventive programs designed to help people develop skills for coping with the stress that accompanies everyday living.

I am enclosing copies of our Family Education Center brochure and our annual Time Together conference for your review.

You and the Select Committee are to be commended for your most worthwhile efforts in studying issues related to children, youth, and families and I urge you to take seriously the phenomena of family violence and the impact the economic recession, unemployment, and government cutbacks have had.

Thank you for your consideration.

Sincerely yours.

RON REED, *President.*

KIDS INC.,
Saint Paul, Minn., August 23, 1983.

SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILY,
House Annex 2, Washington, D.C.

We are pleased to enclose information about Kids, Inc. and the summer learning program at Camp Buckskin.

Camp Buckskin offers a special experience, unique from any other in Minnesota, to children from rural communities with learning and behavior problems. The wilderness setting of the camp encourages participation in the program—a far more attractive alternative to a hot, stuffy classroom in the summer. In addition, a more relaxed environment allows children—with help from certified special education teachers—to unlock new doors to learning.

Kids, Inc. grew out of a need for programs for children from the rural communities who have less access to special help than their urban peers. In 1972, several rural businessmen formed Kids, Inc. to promote and enhance the educational opportunities for rural youngsters. After careful evaluation, Camp Buckskin was chosen as the vendor for the summer learning program. Located on former CCC property, Camp Buckskin offers a wilderness setting on Lake McDougal in northern Minnesota, with a professional staff of teachers and college students. Emphasis is placed on reading improvement in combination with camping skills such as canoeing, swimming, archery, etc., and enhancement of youngsters' self-confidence. Pre and post testing of campers indicates that they gain an average of 1½ years in reading level, some as many as three years, during a five-week session. As children gain confidence in their ability to read, a more positive attitude toward learning is encouraged.

Children who attend Camp Buckskin are referred by special education teachers and county social workers. Many youngsters have a learning disability such as dyslexia or hyperactivity in combination with a crisis in the family—loss of a parent through death or divorce or foreclosure of the family farm. Some children attend Camp Buckskin as a last resort before being referred to a residential treatment center through the juvenile justice system.

Kids, Inc. represents a unique partnership of public, private and government funding for the enhancement of educational opportunities for rural children. As a non-profit organization, Kids, Inc. raises scholarship funds from private foundations and corporations as well as individuals. These funds reimburse schools and counties for approximately 25 percent of the cost of tuition. The remaining 75 percent is reimbursed to schools and counties through state special education funds.

Helping Kids, Inc. in a program of community awareness is a group of young people called the "Kids' Korps", which stands for Kids Organized Representatives for Public Speaking. These high school students from Future Farmers of America (FFA) and Future Homemakers of America (FHA) have joined together to help rural youngsters in their communities through Kids, Inc. Kids' Korps members provide follow-up contact with returning campers to help sustain improved attitudes gained at camp and also provide a friendship and role model for the child. The members also educate their communities through presentations to civic organizations about Kids, Inc. and the need for programs for youngsters with learning and behavior problems such as Camp Buckskin. Kids' Korps represents the very first organization in which both youth groups have participated in a common goal of helping disadvantaged children. The commitment and dedication demonstrated by Kids' Korps members are qualities which will make them true leaders of tomorrow and we are extraordinarily fortunate to have them working with Kids, Inc.

Since 1978, Kids, Inc. has received funding from the USDA through the Summer Food and Nutrition Program. In 1982, Kids, Inc. was denied participation under new guidelines. The sudden and dramatic loss of nearly one-third of our total budget forced a more vigorous campaign for private funding, at a time when foundations and corporations experienced the greatest increase in request for funds. In a severe budget-slashing climate, legislative appropriations for special education have fallen as well. This combined decline in level of financial support for Kids, Inc. is coupled with a critical economic depression in the rural community, intensifying the problems of children while the resources with which to solve the problems are diminishing.

The needs of rural youngsters are of deep concern to me. I hope we can talk again when you have sufficient opportunity to review the enclosed material.

I appreciate your interest and hope that together we can encourage new growth for Kids, Inc and programs like Camp Buckskin.

Sincerely,

CY CARPENTER, *Chairman,*
Board of Directors, Kids, Inc.